07407

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL WILLIAMSPORT
STREET ADDRESS (If rural, give location) WILLIAMSPORT RT.#2

3. NAME OF DECEASED (Type or Print) (First) MAXWELL (Middle) WOLFINGER (Last) BAUMGARDNER JR.
4. DATE OF DEATH (Month) JULY (Day) 22 (Year) 1951

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH 7/21/51
9. AGE last birthday yrs. If under 1 year: Months 1 Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME MAXWELL W. BAUMGARDNER
14. MOTHER'S MAIDEN NAME KATHERINE E. ROHRER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No. NONE
17. INFORMANT AND ADDRESS MR. MAXWELL W. BAUMGARDNER WMSPT. RT.#2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Atelectasis due to prematurity	36 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

762.5
159

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 21, 1951, to July 22, 1951, that I last saw the deceased alive on July 22, 1951, and that death occurred at 12:20 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) R. A. Bell, M.D. ADDRESS Hagerstown, Md. DATE SIGNED July 23, 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/23/51
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REG. July 23, 1951
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR W. T. Norment ADDRESS Hagerstown, Md.

207211313343

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 25 1951
BUREAU V. S.

Dr. Bell 17 9 PM
N. Potomac Md.

Dr. Wells

07408

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Cty. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 317 S. Potomac St.

3. NAME OF DECEASED (Type or Print) (First) Diane (Middle) Jeanne (Last) Baumgarten

4. DATE OF DEATH (Month) July (Day) 24 (Year) 51

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH July 11, 1951
9. AGE last birthday yrs. If under 1 year Months Days 13 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Hagerstown, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James H. Baumgarten
14. MOTHER'S MAIDEN NAME Betty Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS James H. Baumgarten

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Sub-dural hemorrhage & shock — INTERVAL BETWEEN ONSET AND DEATH 44 hrs

9020
18 Ca

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home
(CITY OR TOWN) Hagerstown (COUNTY) Wash. (STATE) Md.
TIME OF INJURY (Month) July (Day) 22 (Year) 1951 (Hour) Between 9 & 10 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Mother stumbled and fell while carrying baby

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Wells MD. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO. MD. ADDRESS 115 N. Potomac St. Hagerstown, Md. DATE SIGNED 7.25.51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-26-1951
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) Hagerstown, Maryland (State)

DATE REC'D BY LOCAL REG. July 25, 1951
REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Andrew K. Coffman, Hagerstown, Md. ADDRESS

20711232404

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 27 1951
BUREAU V. S.

07409

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 304

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hancock — LENGTH OF STAY (in this place) 7 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hancock
HOSPITAL OR INSTITUTION OR STREET ADDRESS East Main Street	STREET ADDRESS (If rural, give location) East Main Street

3. NAME OF DECEASED (Type or Print)	(First) Ella	(Middle) May	(Last) Bell	4. DATE OF DEATH	(Month) July (Day) 4 (Year) 1951
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 4-12-63	9. AGE last birthday 88 yrs.	If under 1 year: Months 2 Days 2 — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Thomas B. Hall		14. MOTHER'S MAIDEN NAME Annie L. Belt			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —	16. SOCIAL SECURITY No. —	17. INFORMANT Mrs. Anna May Phoenix (daughter)			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Accident	2 wks
331X Antecedent cause(s)	(b) Arterio Sclerosis	20 yrs
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 1924, to July, 1951, that I last saw the deceased alive on July 4, 1951 and that death occurred at 12 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. L. Heller	MD	Hancock Md	7/6/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 7-7-51	NAME OF CEMETERY ~~OR CREMATORY~~ Presbyterian Cemetery	LOCATION (City, town, or county) Hancock, (State) Md.
DATE REC'D BY LOCAL REG. 7/6/51	REGISTRAR'S SIGNATURE J. A. Heller	24. FUNERAL DIRECTOR Charles R. Bast	ADDRESS Hancock, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 10 1951
BUREAU V. I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07410

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 310 S. Locust

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 310 S. Locust

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Catherine (Last) Boward

4. DATE OF DEATH: (Month) 7 (Day) 13 (Year) 51

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 6-5-1882

9. AGE last birthday: 69 yrs. If under 1 year: Months 1, Days 8; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: Home duties

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Timothy Kelly

14. MOTHER'S MAIDEN NAME: Catherine Fennell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: John Kelly, 310 S. Locust, City

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive Cardio-Vascular Disease. — Interval between onset and death: 1931.

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
93d (b) Rheumatoid Arthritis — Since 1928
(c) Cardiac Failure — 17 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Confined to bed since 1932

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan. 5, 1932, to July 13, 1951, that I last saw the deceased alive on July 13, 1951, and that death occurred at 1:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): W. Howard Yoge, M.D. ADDRESS: Hagerstown Md. DATE SIGNED: July 14, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 7-16-1951; NAME OF CEMETERY OR CREMATORY: Rose Hill; LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REG.: July 16, 1951; REGISTRAR'S SIGNATURE: Grace H. Bowers

24. FUNERAL DIRECTOR: Fred W. Kraiss ADDRESS

VS. 414

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RECEIVED
JUL 18 1951
BUREAU V. S.

DR. WELLS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

07411

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN; LENGTH OF STAY (In this place) 20 YEARS; HOSPITAL OR INSTITUTION OR STREET ADDRESS 502 RIDGE AVENUE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY WASHINGTON; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN; STREET ADDRESS (If rural, give location) 502 RIDGE AVENUE

3. NAME OF DECEASED (Type or Print): (First) THEODORE (Middle) CLYDE (Last) BROWN

4. DATE OF DEATH (Month) JULY (Day) 9 (Year) 1951

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH: FEBRUARY 7 1901

9. AGE last birthday: 49 yrs. 5 mos. 0 days. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TAXI DRIVER

10b. KIND OF BUSINESS OR INDUSTRY: LOCAL CAB Co.

11. BIRTHPLACE (State or foreign country): BOONSBORO WASH. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FRANCES BROWN

14. MOTHER'S MAIDEN NAME: ELIZA HOUPT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO.

16. SOCIAL SECURITY NO.: 220-07-9446

17. INFORMANT: MRS. EMMA A. GIPE - 502 RIDGE AVE. HAGERSTOWN ND.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of left lung — Interval between onset and death: 2 yrs.

163X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last. (b)

472 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY: None m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR? Note: Family doctor not available

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Lt. Robert Wells MD, DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS 115 N. Potomac St. Hagerstown, Md. DATE SIGNED 7/10/51

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE THEREOF: JULY 12 1951 — NAME OF CEMETERY OR CREMATORY: ZITTLESTOWN CEMETERY — LOCATION (City, town, or county) (State): ZITTLESTOWN MD.

DATE REC'D BY LOCAL REG. July 11 1951 — REGISTRAR'S SIGNATURE Elizabeth Bowers

24. FUNERAL DIRECTOR: WM. E. BAST AND SONS — ADDRESS: BOONSBORO MD.

68536

RECEIVED
JUL 13 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS 27 Jonathan St.	STREET ADDRESS (If rural, give location) 27 Jonathan St.,

3. NAME OF DECEASED (Type or Print)	(First) Frederick	(Middle) A	(Last) Burger	4. DATE OF DEATH	(Month) 7	(Day) 21	(Year) 51
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 4-1-18.6	9. AGE last birthday 55 yrs.	If under 1 year Months 5	Days 20	If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager telegraph off.	10b. KIND OF BUSINESS OR INDUSTRY West. Union	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.				
13. FATHER'S NAME Adam Burger	14. MOTHER'S MAIDEN NAME Wilhelmina Kammer						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY No. 214-09-9683	17. INFORMANT AND ADDRESS Oscar V. Burger Hagerstown					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute coronary occlusion

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Wells, MD (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS 115 N. Potomac St. Hagerstown, Md. DATE SIGNED 7/23/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 7-24-51	NAME OF CEMETERY OR CREMATORY Rose Hill	LOCATION (City, town, or county) Hagerstown (State) Md.
DATE REC'D BY LOCAL REG. July 23, 1951	REGISTRAR'S SIGNATURE [illegible]	24. FUNERAL DIRECTOR Fred W. Kreiss	ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 25 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr Ralph Young

CERTIFICATE OF DEATH

Reg. Dist. No. 301

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairplay R # 1
LENGTH OF STAY (in this place) 6 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS ------

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairplay R # 1
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) IDA (Middle) MAY (Last) CANFIELD

4. DATE OF DEATH (Month) July (Day) 20 (Year) 1951 19

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Feb. 6 1875
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) West virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Amos Bunner
14. MOTHER'S MAIDEN NAME No. Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) --
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Benj. F. Canfield

18. MEDICAL CERTIFICATION Fairplay R # 1

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 2 Days

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/18/5, 19....., to 7/20/5, 19....., that I last saw the deceased alive on 7/20/51, 19....., and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE R. F. Young (Degree or title) M. D. ADDRESS Williamsport, Md. DATE SIGNED 7/21/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-23-51
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) Hagerstown Wash. Co. (State) Md

DATE REC'D BY LOCAL REG. July 21, 1951
REGISTRAR'S SIGNATURE E. Lee McElroy
24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown Md.

A15

RECEIVED
JUL 26 1951
BUREAU V. S.

Dr. Wells

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (In this place): 3 Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 419 George St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
VIRGIL	DENNIS	CANFIELD	July	15	19 51

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Oct. 10, 1922	28 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Brakeman	Railroad	Hagerstown, Md.	USA

13. FATHER'S NAME: Henry H. Canfield
14. MOTHER'S MAIDEN NAME: Viola May Brant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes WW2	215-14-2075	Mrs Sarah J. Canfield

75N33, 552-646

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Fractured skull	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hemorrhage + shock	
	(c)	

E23.5
E70.2

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
		Downsville Pi[ke]	W[ashington]	

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
July 14 51 P m. 3:45		control o[f] three deceased was passenger

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: L. Robert Wells M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD.
ADDRESS: 115 N. Potomac St. Hagerstown, Md.
DATE SIGNED: 7/16/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/17/51	Rose Hill Cemetery	Hagerstown, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 17, 1951	Ethel H. Bowers	Andrew K. Coffman	Hagerstown, Md

VS. A15A

RECEIVED
JUL 19 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 305

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LAPPANS
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS ALONG STATE ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BOONSBORO
STREET ADDRESS (If rural, give location) N. MAIN ST.

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) ROLAND (Last) CASTLE

4. DATE OF DEATH (Month) JULY (Day) -11- (Year) 1951

5. SEX MALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE

8. DATE OF BIRTH FEB. 7-1915

9. AGE last birthday 36-5-4 yrs. If under 1 year: Months | Days. If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER

10b. KIND OF BUSINESS OR INDUSTRY MARYLAND STATE ROAD COMM.

11. BIRTHPLACE (State or foreign country) MIDDLETOWN MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME ALBERT CASTLE

14. MOTHER'S MAIDEN NAME MARY SHEPLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 212-14-6160

17. INFORMANT MRS. MARY CASTLE BOONSBORO MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

912.5 Immediate cause (a) Crushed skull

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

105.0 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) State Road Near Lappans (CITY OR TOWN) (COUNTY) Wash. (STATE) Md.

TIME OF INJURY (Month) July (Day) 11 (Year) 1951 (Hour) m.

INJURY OCCURRED While at work ☑ Not while at work ☐

HOW DID INJURY OCCUR? 14 ton grader rolled over body

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Welly, M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS 115 N. Potomac St. Hagerstown, Md DATE SIGNED 7/12/51

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL

DATE THEREOF JULY-13-1951

NAME OF CEMETERY OR CREMATORY BOONSBORO CEMETERY

LOCATION (City, town, or county) (State) BOONSBORO WASH. CO. MD.

DATE REC'D BY LOCAL REG. July 13. 1951

REGISTRAR'S SIGNATURE John H. Bast

24. FUNERAL DIRECTOR Wm. F. BAST AND SONS ADDRESS BOONSBORO MD.

VS. A15A

T

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUL 17 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 20 c

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. • MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 14 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 638 Washington Avenue

3. NAME OF DECEASED (Type or Print): (First) Glenn (Middle) Maynard (Last) Curlee
4. DATE OF DEATH: (Month) July (Day) 11 (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	2-25-1889	62 yrs.	4	16		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mechanic	Blue Rdg. Bus Co.	Kokomo, Indiana	U.S.A.

13. FATHER'S NAME: Abraham E. Curlee
14. MOTHER'S MAIDEN NAME: Margaret Rich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes W.W. #1	214-10-5538	Mrs. G. M. Curlee, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Coronary occlusion	1/2 hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	none	
(c)		

1/22 / 94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 19 51, to July, 19 51, that I last saw the deceased alive on July 11, 19 51, and that death occurred at 4:40 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Robert V.L. Campbell MD | Hagerstown Md | 7/12/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-13-1951	Rest Haven Cemetery	Hagerstown, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-12-51		C. M. Suter & Sons,	Hagerstown, Maryland

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JUL 16 1951
BUREAU V. S.

Dr. Wm. Layman

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Mayrland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 7 Wks	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co, Hospital	STREET ADDRESS (If rural, give location) 827 W. Franklin St.

3. NAME OF DECEASED (Type or Print)	(First) GEORGE	(Middle) ALBERT	(Last) DIXON	4. DATE OF DEATH	(Month) July	(Day) 26	(Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 15, 1893	9. AGE last birthday 58 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner Operator	10b. KIND OF BUSINESS OR INDUSTRY Restaurant	11. BIRTHPLACE (State or foreign country) Emmitsburg ~~Pa.~~ Md	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME Maxwell Dixon	14. MOTHER'S MAIDEN NAME Louise Martz						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY No. None	17. INFORMANT AND ADDRESS Paul L. Dixon, Hagerstown Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriolar Nephrosclerosis c̄ uremia	Nephrosclerosis 1 yr. uremia 5 days
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131a	(b) Hypertensive Cardiovascular disease	certain 4 years
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Coronary artery disease Bed hemiparesis right	2 years 2 years
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Dec 3, 1947, to July 26, 1951, that I last saw the deceased alive on July 25, 1951, and that death occurred at 1:40P PST m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. D. Layman, M.D.		5 Public Square Hagerstown Md.	July 27, 1951

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/29/51	Rest Haven Cemetery	Hagerstown, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 29, 1951	Chas. H. Bowers	Andrew K. Coffman	Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 4

M

290679

RECEIVED
JUL 31 1951
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 805 South Potomac Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 58 Madison Avenue

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) (Last) Dofflemyer

4. DATE OF DEATH (Month) July (Day) 1 (Year) 1951

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 10-1-1895

9. AGE last birthday 55 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Shippensburg, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Dave Coffey

14. MOTHER'S MAIDEN NAME Mary Warren

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No. NONE

17. INFORMANT AND ADDRESS Marshall Winters, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) [illegible]

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

93 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined*

SIGNATURE S. Robert Mells MD (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS 115 N. Potomac Hagerstown, Md. DATE SIGNED 7/2/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 7-5-1951

NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery

LOCATION (City, town, or county) Hagerstown, Maryland (State)

DATE REC'D BY LOCAL REG. July 1, 1951

REGISTRAR'S SIGNATURE [illegible]

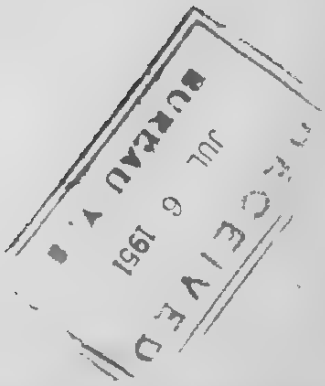
24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Dr Wells



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07419

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garlock Nursing Home	STREET ADDRESS (If rural, give location) 338 N. Mulberry

3. NAME OF DECEASED (Type or Print)	(First) Ella	(Middle) Frances	(Last) Dutrow	4. DATE OF DEATH	(Month) 7 (Day) 11 (Year) 1951
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 6-15-1871	9. AGE last birthday 80 yrs.	If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self employed	10b. KIND OF BUSINESS OR INDUSTRY Home Duties	11. BIRTHPLACE (State or foreign country) Pennsylvania	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME John Reed	14. MOTHER'S MAIDEN NAME Margaret Richardson				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Miss May Reese, Hagerstown, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive cardiovascular disease — Years

443X Antecedent cause(s) (b)

92 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral hemorrhage on Apr. 29, 1951

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1945, to July 11, 1951, that I last saw the deceased alive on July 10, 1951, and that death occurred at 6:40 P.M., from the causes and on the date stated above.

SIGNATURE R. A. Bell (Degree or title) M.D. ADDRESS Hagerstown Md. DATE SIGNED July 13, 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 7-14-51	NAME OF CEMETERY OR CREMATORY Rest Haven	LOCATION (City, town, or county) Hagerstown (State) Md.
DATE REC'D BY LOCAL REG. July 13, 1951	REGISTRAR'S SIGNATURE [illegible]	24. FUNERAL DIRECTOR Fred W. Kraiss	ADDRESS

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JUL 16 1951
[illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 303

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: Washington; STATE: MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: St. Paul
   LENGTH OF STAY (In this place): On Route
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Western Pike, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Baltimore
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
   STREET ADDRESS (If rural, give location): 5307 Herring Run Drive

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Frederick (Last) Everhart

4. DATE OF DEATH: (Month) July (Day) 19 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-5-1886

9. AGE last birthday: 64 yrs. If under 1 year: Months 11 Days 17 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Freight Conductor

10b. KIND OF BUSINESS OR INDUSTRY: Patac. & Beck Sons

11. BIRTHPLACE (State or foreign country): Martinsburg, W. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Wesley

14. MOTHER'S MAIDEN NAME: Joann ----------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 705-10-9738

17. INFORMANT: Mrs. Lillie A. Everhart, Baltimore, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) acute coronary occlusion

1120.1

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: J. Robert Wells (Degree or title) Deputy Med. Exam. Wash. Co. Md. ADDRESS: Hagerstown, Maryland DATE SIGNED: 7.19.51

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF: 7-19-1951

NAME OF CEMETERY OR CREMATORY: Oaklawn Lawn Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: July 19 1951

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: Leonard J. Ruck, Baltimore, Maryland

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AUG 9 1951
BUREAU U. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is specially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

2 21

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr Kneisley

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 20 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 997 Potomac Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 997 Potomac Ave

3. NAME OF DECEASED (Type or Print) (First) ROBERT (Middle) GUY (Last) FOLTZ Sr

4. DATE OF DEATH (Month) July (Day) 24 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH Dec 3 1883
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Partner Foltz Mfg Co
10b. KIND OF BUSINESS OR INDUSTRY ------
11. BIRTHPLACE (State or foreign country) Hagerstown Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Henry C Foltz
14. MOTHER'S MAIDEN NAME Annie Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) --
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Miss Rebecca Foltz Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive Cardio-vascular Disease with Congestive failure

443x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93d (c)

INTERVAL BETWEEN ONSET AND DEATH 3½ yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 30, 1947, to July 24, 1951, that I last saw the deceased alive on July 24, 1951, and that death occurred at 9:20 P.m., from the causes and on the date stated above.

SIGNATURE: B. R. Kneisley MD (Degree or title) ADDRESS 148 W. Wash St. Hagerstown Md. DATE SIGNED 7-25-51

23. BURIAL, CREMATION REMOVAL, (Specify) Burial
DATE THEREOF 7-26-51
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REG. July 25, 1951
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown Md.

RECEIVED
JUL 27 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07422

Reg. Dist. No. 30-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Security; MARYLAND; LENGTH OF STAY (in this place) 16 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Security; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) A. (Last) GRIMM

4. DATE OF DEATH: (Month) July (Day) 7 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 6/19/1869

9. AGE last birthday: 82 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Housekeeper

11. BIRTHPLACE (State or foreign country): Washington Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry C. Holmes

14. MOTHER'S MAIDEN NAME: Bussard Hoogte

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Edward Rickenour Security

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Endocarditis - Nephritis — Interval Between Onset and Death: 5-6 years

421.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio - Sclerosis — 21

32d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 0

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) 0

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 0 (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. 0

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? 0

22. I hereby certify that I attended the deceased from Jan 1, 1950, to July 7, 1951, that I last saw the deceased alive on July 6, 1951, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Victor D Miller (Degree or title) ADDRESS DATE SIGNED 7/7-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF July 9 1951 | NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery | LOCATION (City, town, or county) Hagerstown | (State) Md

DATE REC'D BY LOCAL REG. July 9 1951 | REGISTRAR'S SIGNATURE Ernest Powers | 24. FUNERAL DIRECTOR Rest Haven Funeral Chapel | ADDRESS Hagerstown Md.

RECEIVED
JUL 11 1951
BUREAU V. S.

Counter signed
July 9 - 51
S. Rohr + Wells M.D.
DEPUTY MEDICAL EXAM.
WASH. CO., MD.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information correctly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (in this place) 23 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 39 Wayside Ave.

3. NAME OF DECEASED (Type or Print): (First) Constant (Middle) A. M. (Last) Gysberts
4. DATE OF DEATH: (Month) July (Day) 8 (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Jan. 29, 1877	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Physical Therapist
10b. KIND OF BUSINESS OR INDUSTRY: Medicine
11. BIRTHPLACE (State or foreign country): Lende Holland
12. CITIZEN OF WHAT COUNTRY: U.S.A

13. FATHER'S NAME: John Gysberts
14. MOTHER'S MAIDEN NAME: Johanna Van Der Borg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: -----
17. INFORMANT AND ADDRESS: Eugene C. Gysberts Hag. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset and Death: 4 yrs.

332X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
834 (b) (Cerebral Arteriosclerosis)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—	—	—

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
— m.	—	—

22. I hereby certify that I attended the deceased from ..., 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at 2:25 Pm., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	Md	Hagerstown Md.	7-9-51.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 10, 1951	Rose Hill Cemetery	Hagerstown Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/10/51	[signature]	Scott F. Minnich & Son	Hag. Md.

RECEIVED
JUL 11 1951
BUREAU V. M.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

VS-115

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07424

CERTIFICATE OF DEATH

Reg. Dist. No. 352

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 31 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 472 Pangborn Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 472 Pangborn Blvd.

3. NAME OF DECEASED (Type or Print) (First) Adelia (Middle) A. (Last) Halligan

4. DATE OF DEATH (Month) July (Day) 29 (Year) 1951

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH 1-28- 1880

9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Bitterford, Maine

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Edward Powers

14. MOTHER'S MAIDEN NAME Katherine Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT AND ADDRESS Thomas Halligan. Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Cerebral Hemorrhage	15 minutes
221 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Hypertension	3 yrs.
	(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 29, 1951, to July 29, 1951, that I last saw the deceased alive on July 29, 1951, and that death occurred at 910A m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS Hagerstown Md DATE SIGNED 7/30/51

23. BURIAL CREMATION REMOVAL (Specify) Burial

DATE THEREOF 8-1-1951

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery Md.

LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REG. July 31, 1951

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR C.M.Suter & Sons, Hagerstown, Md. ADDRESS

RECEIVED
AUG 2 1951
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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Route #1 — LENGTH OF STAY (In this place) 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS On Lawn, Cavetown Pike

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Hagerstown
STREET ADDRESS (If rural, give location) Hagerstown Rt. #1

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	James	J.	Harris	July	29	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) ?	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White		11-7-1886	64 yrs.	8	22		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	So. Fd. Aggr. Assoc.	Shenandoah, Pa.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Not Known	Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes	W.W.#1	261-38-1384	Dan. Carbaugh, Hagerstown, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
331X	Immediate cause (a) Acute Cerebral Hemorrhage	30 min.
8?2	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE Robert Wells M.D. (Degree or title) DEPUTY MEDICAL EXAMINER WASH. CO., MD. ADDRESS 115 N. Potomac St. Hagerstown, Md. DATE SIGNED 8-1-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-2-1951	National Cemetery	Sharpsburg, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 2. 1951	Grace K. Bowers	C.M.Suter & Sons,	Hagerstown, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. ANSA

RECEIVED
AUG 6 1951
BUREAU V. S.

Dr. Lusby

0742

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 307

1. PLACE OF DEATH
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Hagerstown
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Gateway Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 801 Oak Hill Ave.

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) RAYMOND (Last) HERSHEY SR

4. DATE OF DEATH: (Month) July (Day) 10 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 6/28/1883

9. AGE last birthday: 58 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Superintendent

10b. KIND OF BUSINESS OR INDUSTRY: Shoe Company

11. BIRTHPLACE (State or foreign country): Hagerstown, Md.

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: John Vinton Hershey

14. MOTHER'S MAIDEN NAME: Elizabeth K. Zentmyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: John R. Hershey, Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic Myocarditis with myocardial failure	6 mo
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Alcoholism	10 yr +
	(c) Diabetes Mellitus	15 yr +

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED: While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb None, 1946, to 10 July, 1951, that I last saw the deceased alive on 9 July, 1951, and that death occurred at 5:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): E F Lusby MD

ADDRESS: 230 N Potomac

DATE SIGNED: 10 July 51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 7/12/51

NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery

LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REG.:

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR / ADDRESS: Andrew K. Coffman, Hagerstown Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 9 1951
BUREAU V. S.

Dr. Wilson

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 46 S. Mulberry St.

3. NAME OF DECEASED (Type or Print): (First) NETTIE (Middle) McCOY (Last) HESSLER
4. DATE OF DEATH: (Month) July (Day) 31 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 1, 1875
9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sewing - Room
10b. KIND OF BUSINESS OR INDUSTRY: PWA
11. BIRTHPLACE (State or foreign country): Funkstown, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Archibald McCoy
14. MOTHER'S MAIDEN NAME: Martha Ann McCoy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: Unable to locate
17. INFORMANT AND ADDRESS: Mary Ellen Webb — 18 E. Lincoln Ave. Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Malnutrition - due to Cancer of — Interval between onset and death: 2-3 yrs.

199.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) pelvis

(c) Diabetes mellitus — 15 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 27 July, 1951, to 31 July, 1951, that I last saw the deceased alive on 31 July, 1951, and that death occurred at 9:00 P.M., from the causes and on the date stated above.

SIGNATURE AND (Degree or title): Wilson M.D. — ADDRESS: Smithsburg, Md. — DATE SIGNED: 8/1/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 8/3/51 | NAME OF CEMETERY OR CREMATORY: Funkstown Cemetery | LOCATION (City, town, or county) (State): Funkstown Maryland

DATE REC'D BY LOCAL REG.: Aug. 2. 1951 | REGISTRAR'S SIGNATURE: Walter W. Bowers

24. FUNERAL DIRECTOR: Andrew K. Coffman — ADDRESS: Hagerstown Md.

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AUG 6 1951
BUREAU

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Guilford Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY ash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 538 N. Mulberry

3. NAME OF DECEASED (Type or Print) (First) Nellie (Middle) M (Last) Hicks
4. DATE OF DEATH (Month) 7 (Day) 15 (Year) 1951
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 3-22-1897
9. AGE last birthday 54 yrs. If under 1 year Months 3 Days 23 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Henry Magaha
14. MOTHER'S MAIDEN NAME Manzela Swain
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS George D. Hicks City

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 15 days

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension — 2

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1951, to July 15, 1951, that I last saw the deceased alive on July 13, 1951, and that death occurred at 5:50 P. m. from the causes and on the date stated above.

SIGNATURE R. A. Bell (Degree or title) M. D. ADDRESS Hagerstown, Md. DATE SIGNED July 16, 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-1-1951
NAME OF CEMETERY OR CREMATORY Rest Haven
LOCATION (City, town, or county) (State) Hagerstown, Md.
DATE REC'D BY LOCAL REG. July 16, 1951
REGISTRAR'S SIGNATURE John H. Bast
24. FUNERAL DIRECTOR Fred W. Kraiss ADDRESS

RECEIVED
JUL 18 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 301

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport
LENGTH OF STAY (in this place) 60 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Williamsport Conv. Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 926 Oak Hill Avenue

3. NAME OF DECEASED (Type or Print) (First) Laura (Middle) B. (Last) Hoffman
4. DATE OF DEATH (Month) July (Day) 30 (Year) 1951
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 1-26-1872
9. AGE last birthday 79 yrs. If under 1 year Months 6 Days 4 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Williamsport, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Theodore Winters
14. MOTHER'S MAIDEN NAME Barbara Little
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS Lloyd Hoffman, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Bronchopneumonia	4 days
400.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	7 years
93d	(c) Arteriosclerosis - General	years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-26, 1951, to 7-30, 1951, that I last saw the deceased alive on August 30 1951, and that death occurred at 3 A m., from the causes and on the date stated above. 7-30-51

SIGNATURE Arthur Baptiste Jr (Degree or title) M.D ADDRESS 115 King Street DATE SIGNED Hagerstown, Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8-1-1951
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) Hagerstown, Maryland (State)
DATE REC'D BY LOCAL REG. Aug. 6 1951
REGISTRAR'S SIGNATURE E. Lee McElroy
24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Maryland ADDRESS

RECEIVED
AUG 6 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH: COUNTY WASHINGTON. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CASCADE
LENGTH OF STAY (In this place) 21 MONTH
HOSPITAL OR INSTITUTION OR STREET ADDRESS RITCHIE HOSPITAL.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HALETHORPE
STREET ADDRESS (If rural, give location) 2217 SULPHUR SPRING ROAD

3. NAME OF DECEASED (Type or Print): (First) WALTER (Middle) HOWARD. (Last) HOOVER

4. DATE OF DEATH: (Month) July (Day) 25 (Year) 1957

5. SEX: MALE

6. COLOR OR RACE: WHITE.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: July 15, 1891

9. AGE last birthday: 66 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MECHANIC — RET.

10b. KIND OF BUSINESS OR INDUSTRY: AUTO MODELE

11. BIRTHPLACE (State or foreign country): BALTIMORE COUNTY.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: DANIEL H. HOOVER

14. MOTHER'S MAIDEN NAME: MARGARET C. BOND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. 217-03-6278

17. INFORMANT AND ADDRESS: HOSPITAL RECORD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) HYPOSTATIC PNEUMONIA.	2 days
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CEREBRAL THROMBOSIS	1 year
	(c) HYPERTENSIVE ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE	2 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from July 5, 1957, to July 25, 1957, that I last saw the deceased alive on July 25, 1957, and that death occurred at 6.40 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Paul Rist M.D. Ritchie Hospital July 25, 1957

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 7/28/57 — NAME OF CEMETERY OR CREMATORY: Beckleysville — LOCATION (City, town, or county) (State): Baltimore County, Md.

DATE REC'D BY LOCAL REG. 7/27/57 — REGISTRAR'S SIGNATURE A W Bedsch — 24. FUNERAL DIRECTOR ADDRESS: Hom. Cook, Inc., 1217 St. Paul St.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH COUNTY: WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN
LENGTH OF STAY (in this place): 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: WASHINGTON COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: PA. COUNTY: FRANKLIN
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CLEARSPRING, Md.
STREET ADDRESS (If rural, give location): R. 2

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): HARRY HORNBAKER
4. DATE OF DEATH (Month) (Day) (Year): JULY 31 1951
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: JULY 29, 1951
9. AGE last birthday: yrs. If under 1 year: Months, Days 2. If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Hagerstown Md
12. CITIZEN OF WHAT COUNTRY: USA
13. FATHER'S NAME: LAWRENCE R. HORNBAKER
14. MOTHER'S MAIDEN NAME: LENA MAY SMITH
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No
16. SOCIAL SECURITY No.: None
17. INFORMANT: Lawrence Hornbaker, Clearspring, Md. R. 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio respiratory failure

763.0 Antecedent cause(s)

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Bronchitis Pneumonia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 30, 1951, to July 31, 1951, that I last saw the deceased alive on July 31, 1951, and that death occurred at 2 p.m., from the causes and on the date stated above.
SIGNATURE: I Josephine A Orme (Degree or title) M.D. ADDRESS: Washington County Hospital DATE SIGNED: 7 31 51

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE: 8/1/51
NAME OF CEMETERY OR CREMATORY: Frank Parker Hom.
LOCATION (City, town, or county) (State): Clearspring N.
DATE REC'D BY LOCAL REG.: 31, 1951
REGISTRAR'S SIGNATURE: [illegible] H. Bowers
24. FUNERAL DIRECTOR: F. M. Zeninger, Mercersburg, Pa. ADDRESS

2 [illegible] 91 [illegible] 74 405

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 7 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A5

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

47132

Dr Bell

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
MARYLAND
LENGTH OF STAY (in this place): 2 Hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 22 East Ave

3. NAME OF DECEASED (Type or Print): (First) MYRTLE (Middle) VIRGINIA (Last) HORNER

4. DATE OF DEATH: (Month) July (Day) 7 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Strike out): Widow

8. DATE OF BIRTH: Oct 10 1878

9. AGE last birthday: 72 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Hagerstown Wash. Co. Md.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Pidenour

14. MOTHER'S MAIDEN NAME: Emma Barlup

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): --

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Melvin Row 542 Salem Ave

18. MEDICAL CERTIFICATION — Hagerstown Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic myocarditis,	1 week
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Hypertension & arteriosclerosis	years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 7, 1951 to July 7, 1951, that I last saw the deceased alive on July 7, 1951, and that death occurred at 4:35 P.M. from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.A. Bell	M.D.	Hagerstown Md.	July 9, 1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-10-51	Rose Hill Cemetery	Hagerstown Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 10 1951	Chas. H. Bowers	Andrew K. Coffman	Hagerstown Md

RECEIVED
JUL 12 1951
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30d

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharpsburg Md RFD #1
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Bakersville Sharpsburg Md RFD #1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharpsburg Md RFD #1
STREET ADDRESS Near (If rural, give location) Bakersville Sharpsburg Md RFD #1

3. NAME OF DECEASED (Type or Print) (First) Daniel (Middle) Philip (Last) Houser
4. DATE OF DEATH (Month) July (Day) 4 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Dec 24 1863
9. AGE last birthday 87 yrs. If under 1 year Months 6 Days 9 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Sharpsburg Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Jacob Houser
14. MOTHER'S MAIDEN NAME Harriet Grove

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS RFD #1 Mr Gardener Houser Sharpsburg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocarditis Chronic	Not known
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	" "
93d	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1951, to July 4, 1951, that I last saw the deceased alive on July 3, 1951, and that death occurred at 10:30 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Williamsport Md DATE SIGNED July 5, 51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 8 1951
NAME OF CEMETERY OR CREMATORY Mt. View Cemetery
LOCATION (City, town, or county) Sharpsburg Md. (State)

DATE REC'D BY LOCAL REG. 7-7-1951
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Albert L Leaf ADDRESS Williamsport Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 8 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3[illegible]

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE West Va. COUNTY Jefferson
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bakerton W. Va.
STREET ADDRESS (If rural, give location) Bakerton W. Va.

3. NAME OF DECEASED (Type or Print) (First) Franklin (Middle) James (Last) Howell
4. DATE OF DEATH (Month) July (Day) 29 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Dec. 25 1872
9. AGE last birthday 78 yrs. If under 1 year Months 7 Days 4 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (Rented farm)
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Norristown W. Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joseph Howell
14. MOTHER'S MAIDEN NAME Susan Jane Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Henry Howell Bakerton W. Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 9 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis — 1 yr plus

(c)

83a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Asthma — 10 yrs plus

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20, 1951, to July 29, 1951, that I last saw the deceased alive on July 28, 1951, and that death occurred at 1:50 A.M., from the causes and on the date stated above.

SIGNATURE Walter H. Shealy M.D. (Degree or title) ADDRESS Sharpsburg, Md. DATE SIGNED July 31, 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 2 1951
NAME OF CEMETERY OR CREMATORY Keedysville Cemetery
LOCATION (City, town, or county) Keedysville Md. (State)

DATE REC'D BY LOCAL [illegible] 1951
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Albert L. Leaf Williamsport Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
AUG 3 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A14

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ~~254~~ 316

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN KEEDYSVILLE
LENGTH OF STAY (in this place) 11 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MAIN ST.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN KEEDYSVILLE
STREET ADDRESS (If rural, give location) MAIN ST.

3. NAME OF DECEASED (Type or Print) (First) HARVEY (Middle) E. (Last) HUNTZBERRY

4. DATE OF DEATH (Month) JULY (Day) 21 (Year) 1951

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH SEPT. 29-1864
9. AGE last birthday 86-9-22 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER
10b. KIND OF BUSINESS OR INDUSTRY GENERAL WORK
11. BIRTHPLACE (State or foreign country) BOONSBORO WASH. CO. MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME JOHN HUNTZBERRY
14. MOTHER'S MAIDEN NAME CATHERINE McALISTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS MRS. CARLE ROWE KEEDYSVILLE MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Senile arteriosclefotic nephrosclerosis	1 Yr.
446X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
131a	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophy of the prostate gland — 1 Yr.?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1951, to July 21, 1951, that I last saw the deceased alive on 7/20/51, 19..., and that death occurred at 7 P.m., from the causes and on the date stated above.

SIGNATURE Walter H. Shealy (Degree or title) M.D. ADDRESS Sharpsburg, Md. DATE SIGNED July 23, 1951.

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF JULY-24-1951
NAME OF CEMETERY OR CREMATORY FAIRVIEW CEMETERY
LOCATION (City, town, or county) (State) KEEDYSVILLE WASH. CO. MD

DATE REC'D BY LOCAL REG. July 24 51
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Wm. F. BAST AND SONS ADDRESS BOONSBORO MD.

RECEIVED
JUL 26 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 18 yrs,
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 1307 The Terrace

3. NAME OF DECEASED (Type or Print): (First) Helen (Middle) Cecil (Last) Hurst

4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-20-1896

9. AGE last birthday: 54 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cincinnati, Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Edward Burns

14. MOTHER'S MAIDEN NAME: Nora McHugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: David C. Hurst, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral hemorrhage	1 day
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive vascular disease	Yrs.
	(c) Obesity	Yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN):

(COUNTY):

(STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour):

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 23, 1951, to July 24 1951, that I last saw the deceased alive on July 24, 1951, and that death occurred at 9:40 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Carl A. Hoffman

ADDRESS: 214 N. Pot. St. Hagerstown, Md.

DATE SIGNED: July 24, 51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 7-27-1951

NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery

LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REG.: July 26. 1951

REGISTRAR'S SIGNATURE: Grant Bowers

24. FUNERAL DIRECTOR / ADDRESS: C. M. Suter & Sosn, Hagerstown, Md.

RECEIVED
JUL 30 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3021

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASH.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN — LENGTH OF STAY (in this place) LIFE	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON CO. HOSPITAL	STREET ADDRESS (If rural, give location) 823 VIEW STREET

3. NAME OF [redacted] (Type or Print)	(First) DANA	(Middle) GAYE	(Last) INGRAM	4. DATE OF DEATH	(Month) JULY (Day) 26 (Year) 1951
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 7/14/51	9. AGE last birthday yrs.	If under 1 year Months Days 12 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) HAGERSTOWN, MD.	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME GORMAN M. INGRAM		14. MOTHER'S MAIDEN NAME WINIFRED JAYNE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war or dates of service) NO	16. SOCIAL SECURITY No. NONE	17. INFORMANT AND ADDRESS 823 View St. GORMAN M. INGRAM, HAGERSTOWN, MD.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pyocardial Insufficiency	48 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pneumonia Secondary Acute	6 days
	(c) Aspiration of food	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/26, 1951, to 7/26, 1951, that I last saw the deceased alive on 7/25, 1951, and that death occurred at 1:30 Am m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] 7/26/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 7/26/51	NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	LOCATION (City, town, or county) (State) Hagerstown, Md.
DATE REC'D BY LOCAL REG. July 26, 1951	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR W. T. Norment	ADDRESS Hagerstown, Md.

207141 383406

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

JUL 30 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (In this place) 8 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 117 Fairground Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 117 Fairground Ave.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Regan (Last) Itneyer

4. DATE OF DEATH: (Month) July (Day) 15 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 1, 1868

9. AGE last birthday: 83 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Near Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jonas Itneyer

14. MOTHER'S MAIDEN NAME: Sarah A. Wallick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ------

17. INFORMANT AND ADDRESS: Miss Erma Itneyer Hag. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) [illegible]

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

137a (c) acute ventricul[illegible]

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June 5, 1951

19b. MAJOR FINDINGS OF OPERATION: [illegible]

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 17, 1942, to July 15, 1951, that I last saw the deceased alive on 7-14-, 1951, and that death occurred at 12:35 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): S. Robert Wells M.D. — ADDRESS: 115 N. Potomac Hagerstown. Md — DATE SIGNED: 7/16/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: July 17, 1951 — NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery — LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REG.: [illegible] 7-31 — REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Scott F. Minnich & Son — ADDRESS: Hag. Md.

VS. A13

10?105

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JUL 19 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 20 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Washington Co. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown, Md.
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Co. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Hagerstown, Md. — COUNTY: R.D. 4
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: R.F.D. 4 Hagerstown, MD
STREET ADDRESS (If rural, give location): Near Hagerstown, Md.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Russel	Robert	Johnston	July	20	1957

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Divorced	Dec. 24, 1911	40 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Labor - Street Dept.	Hagerstown	Hagerstown, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles H. Johnston	Ida M. Kindle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Charles H. Johnston

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis -

2X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) undetermined

13b (c) —

INTERVAL BETWEEN ONSET AND DEATH: (a) (?) (b) — (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—	—	—

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
—			m.		—

22. I hereby certify that I attended the deceased from July 10, 1957, to July 20, 1957, that I last saw the deceased alive on July 19, 1957, and that death occurred at 10P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Victor D Miller		131 West Washington St Hagerstown Md	July 21-57

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	July 24 1957	Rose Hill	Hagerstown	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 24 1957	[illegible]	Fred. W. Kraus	Hagerstown, Md

RECEIVED
JUL 25 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (In this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1008 Mulberry Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 1008 Mulberry Ave.

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) Myrtle (Last) Kline
4. DATE OF DEATH: (Month) 7 (Day) 21 (Year) 1951

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 2-14-1876
9. AGE last birthday: 75 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Bakersville, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel R. Hays
14. MOTHER'S MAIDEN NAME: Martha E. Cross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT AND ADDRESS: S. Hays Kline, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of stomach with
151X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Metastases to liver. — 7 months
462
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 12, 1950, to July 21, 1951, that I last saw the deceased alive on July 21, 1951, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
R. A. Brew M.D. Hagerstown, Md. July 23, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): burial | DATE THEREOF: 7-23-51 | NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery | LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REG.: 7-23-1951 | REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR ADDRESS: Scott F. Minnich & Son, Hagerstown

RECEIVED
JUL 25 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown — LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Big Pool
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Nora (Middle) Mildred (Last) Kline
4. DATE OF DEATH: (Month) 7 (Day) 19 (Year) 1951
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 6-30-189[illegible]
9. AGE last birthday: 58 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home duties
11. BIRTHPLACE (State or foreign country): Big Pool
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: William L. Hart
14. MOTHER'S MAIDEN NAME: Annie French
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 213-16-1183
17. INFORMANT AND ADDRESS: Mrs. Helen Shives Hagerstown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral haemorrhage — 12 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardiovascular disease — 3 years

(c)

443 X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hyperthyroidism (Thyroidectomy 1947) — 4 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 2, 1950, to July 19, 1951, that I last saw the deceased alive on July 18, 1951, and that death occurred at 4 o'A DST. m., from the causes and on the date stated above.

SIGNATURE: W. S. Layman, M.D. (Degree or title) — ADDRESS: Hagerstown, Maryland — DATE SIGNED: July 20, 1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 7-21-51 — NAME OF CEMETERY OR CREMATORY: Shanktown — LOCATION (City, town, or county): Big Pool (State): Md.

DATE REC'D BY LOCAL REG.: July 22, 1951 — REGISTRAR'S SIGNATURE: [illegible] Bowers

24. FUNERAL DIRECTOR: Adrian H. Rowland — ADDRESS:

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JUL 24 1951
BUREAU

Dr. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (in this place) 3 WEEKS
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON CO. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WILLIAMSPORT
STREET ADDRESS (If rural, give location) 31 EAST CHURCH.

3. NAME OF DECEASED (Type or Print) (First) CHARITY (Middle) S. (Last) KOOGLE

4. DATE OF DEATH (Month) JULY (Day) 18 (Year) 1951

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH MARCH-25-1862
9. AGE last birthday 89-3-23 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY OWN HOME
11. BIRTHPLACE (State or foreign country) WOLFSVILLE FRED. CO. MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME JOHN DUBEL
14. MOTHER'S MAIDEN NAME NO RECORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS ALVEY DUBEL BOONSBORO MD. R1.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arthritis [illegible]	5 years
260X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetes	5 years
61	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1945, 19....., to July 19, 1951, that I last saw the deceased alive on July 18, 1951, and that death occurred at 12 45 P. m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Williamsport Md DATE SIGNED July 19, 51

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF JULY-21-1951
NAME OF CEMETERY OR CREMATORY LUTHERAN CEMETERY
LOCATION (City, town, or county) (State) MYERSVILLE FRED. CO. MD.

DATE REC'D BY LOCAL REG. [illegible] 20, 1951
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR WM. F. BAST AND SONS ADDRESS BOONSBORO MD.

RECEIVED
JUL [illegible] 1954
BUREAU V. S.

Dr. Earl Young
0744.3

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS 934 Mulberry Ave.	STREET ADDRESS (If rural, give location) 934 Mulberry Ave.

3. NAME OF DECEASED (Type or Print)	(First) ELLA	(Middle) MONTCEA	(Last) KREPS	4. DATE OF DEATH	(Month) July (Day) 28 (Year) 1951
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept, 18, 1872	9. AGE last birthday 79 yrs.	If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Winchester Va.	12. CITIZEN OF WHAT COUNTRY USA		
13. FATHER'S NAME Rev. Ellis Jones	14. MOTHER'S MAIDEN NAME Mary E. Russmisselle				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY No. None	17. INFORMANT AND ADDRESS Mrs George P. Lambert Hagerstown Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis	3 wks
442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Cardio-Renal	
131a	(c) Disease	5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, 19....., to 7/28/51, 19....., that I last saw the deceased alive on 7/28, 1951, and that death occurred at 4:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

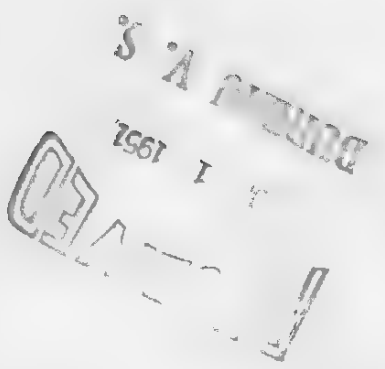
[signature] M.D. Hagerstown M.D.

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 8/30/51	NAME OF CEMETERY OR CREMATORY Mountain View Cemetery	LOCATION (City, town, or county) (State) Sharpsburg Md.
DATE REC'D BY LOCAL REG. July 30, 1951	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR Andrew K. Coffman	ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct [illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AT



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct [illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (In this place) 6 HOURS
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASH. CO. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BOONSBORO
STREET ADDRESS (If rural, give location) S. MAIN ST.

3. NAME OF DECEASED (Type or Print) (First) ANNIE (Middle) RACHAEL (Last) LIGHTER
4. DATE OF DEATH (Month) JULY (Day) 17 (Year) 1951

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH AUGUST-17-1886
9. AGE last birthday -64-11-0 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY OWN HOME
11. BIRTHPLACE (State or foreign country) BREATHEDSVILLE WASH. CO. MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME JOHN M. SPRINGER
14. MOTHER'S MAIDEN NAME MARY V. KOHLENBECK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No. NONE
17. INFORMANT AND ADDRESS LLOYD LIGHTER BOONSBORO WASH. CO. MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Cerebral Haemhouge	8 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Diabetes Mellitus	5 yrs
	(c)		

260X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1951, to July 17, 1951, that I last saw the deceased alive on July 16, 1951, and that death occurred at 12-30 A. m. from the causes and on the date stated above.

SIGNATURE G W LeWan (Degree or title) M.D. ADDRESS Boonsboro DATE SIGNED 7/18/51

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF JULY-19-1951
NAME OF CEMETERY OR CREMATORY BOONSBORO CEMETERY
LOCATION (City, town, or county) (State) BOONSBORO WASH. CO. MD.

DATE REC'D BY LOCAL REG. July 19 1951
REGISTRAR'S SIGNATURE Grant H. Bowers
24. FUNERAL DIRECTOR WM. F. BAST AND SONS ADDRESS BOONSBORO MD.

RECEIVED
JUL 23 1951
BUREAU V. S.

Dr. Evan

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07445

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL
LENGTH OF STAY (in this place) 41 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS BOONSBORO R1.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL
STREET ADDRESS (If rural, give location) BOONSBORO R1

3. NAME OF DECEASED (Type or Print) (First) ESTHER (Middle) IRENE (Last) LONG

4. DATE OF DEATH (Month) JULY (Day) 23 (Year) 1951

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH MAY-19-1893
9. AGE last birthday 58-2-4 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY OWN HOME
11. BIRTHPLACE (State or foreign country) WASHINGTON COUNTY MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME CHARLES E. ROWLAND
14. MOTHER'S MAIDEN NAME ARDELLA F. SUMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS OTIS R. LONG BOONSBORO MD. R.1.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cancer of left lung. — INTERVAL BETWEEN ONSET AND DEATH 2 yrs.

163 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

47d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1951, to July 23, 1951, that I last saw the deceased alive on July 23, 1951, and that death occurred at 6:45 P. m., from the causes and on the date stated above.

SIGNATURE G. W. Leban (Degree or title) M.D. ADDRESS Boonsboro DATE SIGNED 7/25/51.

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF JULY-26-1951
NAME OF CEMETERY OR CREMATORY BOONSBORO CEMETERY
LOCATION (City, town, or county) (State) BOONSBORO WASH. CO. MD
DATE REC'D BY LOCAL REG. July 26. 1951
REGISTRAR'S SIGNATURE John H. Bast
24. FUNERAL DIRECTOR WM. F. BAST AND SONS ADDRESS BOONSBORO MD

JUL 30 1951
BUREAU V. S.

PR. SHEALY

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 316

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MT. BRIER - Rural
LENGTH OF STAY (in this place) 29 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS KEEDYSVILLE MD. R1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MT. BRIER - RURAL
STREET ADDRESS (If rural, give location) KEEDYSVILLE MD. R.1

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) WILLIAM - WALTER - HAYES - LONG

4. DATE OF DEATH (Month) (Day) (Year) JULY - 1 - 1951

5. SEX MALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH JUNE-1-1875

9. AGE last birthday 76-1-0 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER - RETIRED

10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION

11. BIRTHPLACE (State or foreign country) NEAR MIDDLETOWN FRED. CO. MD. U.S.A.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME WILLIAM COST LONG

14. MOTHER'S MAIDEN NAME FRANCES COFFMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 220-10-3975

17. INFORMANT AND ADDRESS ROY LONG KEEDYSVILLE MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Heart disease — INTERVAL BETWEEN ONSET AND DEATH 10 years

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Peripheral vascular disease — 1 year

93 d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1945, 19....., to July 1, 1951, that I last saw the deceased alive on June 25, 1951, and that death occurred at 3:50 A. m., from the causes and on the date stated above.

SIGNATURE Walter H. Shealy M.D. (Degree or title) ADDRESS Sharpsburg, Md. DATE SIGNED July 2, 1951.

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL

DATE THEREOF JULY-3-1951

NAME OF CEMETERY OR CREMATORY LUTHERAN CEMETERY

LOCATION (City, town, or county) (State) MIDDLETOWN FRED. CO. MD.

DATE REC'D BY LOCAL REG. July 3 51

REGISTRAR'S SIGNATURE B H Geeting

24. FUNERAL DIRECTOR Wm. F. BAST AND SONS ADDRESS BOONSBORO MD.

VS. A1

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physi[redacted]: please write the causes of death clearly and legibly.

VS. 415

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 352

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 908 Salem Avenue

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) E. (Last) Lum
4. DATE OF DEATH (Month) July (Day) 2 (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 9-19-1881
9. AGE last birthday 69 yrs. If under 1 year Months 9 Days 13 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Hagerstown, Maryland
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME John E. Loudenslager
14. MOTHER'S MAIDEN NAME Mary E. Danner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. NONE
17. INFORMANT AND ADDRESS Mrs. Samuel Hall, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 24 hrs

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

83a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

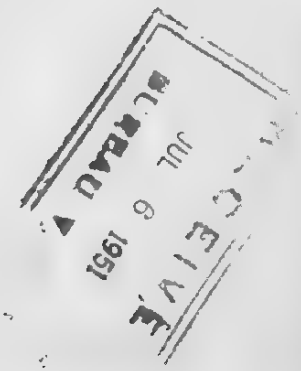
22. I hereby certify that I attended the deceased from 6-30, 1951, to 7-2, 1951, that I last saw the deceased alive on 7-1-51, 19..., and that death occurred at 7:30 A m., from the causes and on the date stated above.

SIGNATURE A. W. Dutton (Degree or title) ADDRESS Hagerstown Md DATE SIGNED 7/4/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-5-1951
NAME OF CEMETERY OR CREMATORY Mt. Lena Cemetery
LOCATION (City, town, or county) (State) Mt. Lena, Maryland

DATE REC'D BY LOCAL REG. July 3, 1951
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR ADDRESS C. M. Suter & Sons, Hagerstown, Md.

Dr. Ditte.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07743

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (in this place) 55 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 816 Guilford Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 1005 W. Church St.

3. NAME OF DECEASED (Type or Print): (First) Sallie (Middle) E. (Last) Maugans
4. DATE OF DEATH: (Month) July (Day) 10 (Year) 1951

5. SEX: Female (Female) | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: June 19, 1870 | 9. AGE last birthday: 81 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Yellow Springs Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Albert Ramburg
14. MOTHER'S MAIDEN NAME: Mary Zimmerman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ----m
17. INFORMANT AND ADDRESS: Mrs. Ray Ford Hag. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hemiplegia.	5-6 years
421.4 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arterio-sclerosis	?
9th	(c) Chronic Valvular Heart Disease	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION ✓ | 19b. MAJOR FINDINGS OF OPERATION ✓ | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ✓ | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓ | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from Jan 1, 1940, to July 10, 1951, that I last saw the deceased alive on July 9 1951, and that death occurred at 3:15 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) V. Van D. Miller, M.D. ADDRESS 141 W. WASHINGTON St. Hagerstown, Md. DATE SIGNED July 11-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: July 12, 1951 | NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery | LOCATION (City, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REG. July 11, 1951 | REGISTRAR'S SIGNATURE Martha Bowers | 24. FUNERAL DIRECTOR ADDRESS: Scott F. Minnich & Son Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JUL 13 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07449

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS 407 McDOWELL AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural, give location) 407 McDOWELL AVE.

3. NAME OF DECEASED (Type or Print) (First) DESSIE (Middle) MAY (Last) McCOY
4. DATE OF DEATH (Month) JULY (Day) 11 (Year) 1951
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH 5/18/1891
9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY HOME
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME WILLIAM A. CHANEY
14. MOTHER'S MAIDEN NAME ELLEN M. RIDENOUR
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS 407 McDOWELL AVE MR. RAYMOND McCOY HAGERSTOWN, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Coronary thrombosis	½ hr.
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Hypertensive CVD	indef.
93a	(c)	Obesity	indef.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION ---------- 19b. MAJOR FINDINGS OF OPERATION ----------
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) ------ PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-26, 1951, to 3-9-51, 19....., that I last saw the deceased alive on 5-28-51 19....., and that death occurred at 8:00 m., from the cause and on the date stated above.

SIGNATURE Robert F. Keadle (Degree or title) MD
ADDRESS ROBERT F. KEADLE 132 W. WASHINGTON ST. HAGERSTOWN, MARYLAND
DATE SIGNED 7-12-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/13/51
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) Hagerstown (State) Md.
DATE REC'D BY LOCAL REG. July 12, 1951
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR W. T. Norment
ADDRESS Hagerstown Md.

RECEIVED
JUL 16 1951
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH — COUNTY: Wash. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown — LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Williamsport - Rural
STREET ADDRESS (If rural, give location): near Kemps Mill.

3. NAME OF DECEASED (Type or Print): (First) Lewis (Middle) Denton (Last) Mills
4. DATE OF DEATH: (Month) July (Day) 8 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: June 29-51
9. AGE last birthday: — yrs. If under Months: — I year Days: 9 If under 24 hrs. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Wash. Co., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John F. Mills
14. MOTHER'S MAIDEN NAME: Susanne Drury

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: John F. Mills - Wmsport Md. RD.2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Lobar Pneumonia — 3 Days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☒ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/7/51, 19....., to 7/8/51, 19....., that I last saw the deceased alive on 7/8/51, 19....., and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE: R. L. Young (Degree or title) M.D. ADDRESS: Williamsport, Md. DATE SIGNED: 7/11/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: July 11-51 — NAME OF CEMETERY OR CREMATORY: Mennonite Cem. — LOCATION (City, town, or county): Clear Spring, (State) Md.

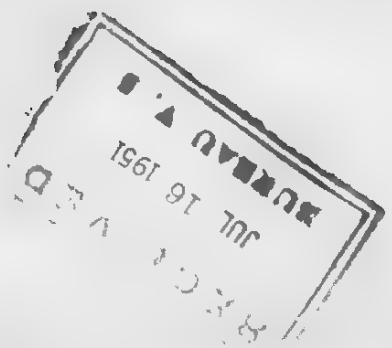
DATE REC'D BY LOCAL REG.: July 13, 1951 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: Adrian H. Rowland — ADDRESS:

1062913 7

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A13


JUL 16 1951

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade
LENGTH OF STAY (in this place) 3 yrs. 10 d.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) Charles Street

3. NAME OF DECEASED (Type or Print) (First) Hannah (Middle) E. (Last) Morse
4. DATE OF DEATH (Month) July (Day) 31 (Year) 1951
5. SEX F
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH April 18, 1883
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore County, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Powell
14. MOTHER'S MAIDEN NAME Ella Mock
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unk. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. unk.
17. INFORMANT AND ADDRESS Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive Cardio-vascular Disease — INTERVAL BETWEEN ONSET AND DEATH 9 yrs. ?

443 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes mellitus — 7 yrs. ?

61 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 31, 1948, to July 31, 1951, that I last saw the deceased alive on July 31, 1951, and that death occurred at 9:15 a.m., from the causes and on the date stated above.

SIGNATURE Daniel Lai (Degree or title) M.D. ADDRESS Ritchie Hospital, Cascade, Md DATE SIGNED 7/31/51

23. BURIAL, CREMATION REMOVAL (Specify) [illegible]
DATE THEREOF [illegible]
NAME OF CEMETERY OR CREMATORY [illegible]
LOCATION (City, town, or county) [illegible] (State) [illegible]

DATE REC'D BY LOCAL REG. 7/31/51
REGISTRAR'S SIGNATURE John R. Cochran [illegible]
24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

Dep. Local Registrar [illegible]

RECEIVED
AUG 6 1951
BUREAU V. S.

Dr. Wm. Layman

07452

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 1hr	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital	STREET ADDRESS (If rural, give location) 415 West Church Street

3. NAME OF DECEASED (Type or Print)	(First) DANIAL	(Middle) GERR	(Last) MUMMA	4. DATE OF DEATH	(Month) July 3. (Day) (Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Oct. 23, 1885	9. AGE last birthday 65 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintainnance Man	10b. KIND OF BUSINESS OR INDUSTRY Apt. Bldng	11. BIRTHPLACE (State or foreign country) Williamsport, Md.	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Albert Mumma	14. MOTHER'S MAIDEN NAME Frances A. Masters				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ----	16. SOCIAL SECURITY No. [illegible]	17. INFORMANT AND ADDRESS 415 W. Church St. Hubert S. Mumma Hagerstown, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary artery disease	12 hours? certain
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardiovascular disease	1 year
	(c)	

42011

93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 19 80, to July 3 1951, that I last saw the deceased alive on July 3, 1951, and that death occurred at 6 A.M. DST. from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. Layman, M.D.		[illegible]	July 3, 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 7/6/51	NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery	LOCATION (City, town, or county) Hagerstown (State) Md.
DATE REC'D BY LOCAL REG. July 6, 1951	REGISTRAR'S SIGNATURE Chas H Bowers	24. FUNERAL DIRECTOR Andrew K. Coffman	ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

RECEIVED
JUL 9 1951
BUREAU V. ■

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr. Yeager (F. S.)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place) 3 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) 425 Va. Ave

3. NAME OF DECEASED (Type or Print): (First) HUBERT (Middle) GARFIELD (Last) MUMMA

4. DATE OF DEATH: (Month) July (Day) 23, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 5, 1880

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sander

10b. KIND OF BUSINESS OR INDUSTRY: Statton Furn. Co.

11. BIRTHPLACE (State or foreign country): Keedysville, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Emmanuel Mumma

14. MOTHER'S MAIDEN NAME: Elizabeth Schlosser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 214-09-4063

17. INFORMANT AND ADDRESS: Leona M. Mumma

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic Heart Disease	3-8-51
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary edema & Infarction	7-23-51
420.0 7 1,	(c) Cardiac Failure	6-20-51

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —

(CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 3-11-, 1951, to 7-23-, 1951, that I last saw the deceased alive on 7-23-, 1951, and that death occurred at 11:10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. Howard Yeager, M.D. ADDRESS Hagerstown, Md. DATE SIGNED 7-24-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: July 25, 1951

NAME OF CEMETERY OR CREMATORY: St. Pauls Centery

LOCATION (City, town, or county) (State): Near Hagerstown, Md

DATE REC'D BY LOCAL REG. July 24, 1951

REGISTRAR'S SIGNATURE Jonas H. Bowers

24. FUNERAL DIRECTOR: Andrew K. Coffman ADDRESS Hagerstown, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-1

RECEIVED
JUL 26 1951
BUREAU V. S.

Countersigned
July 9-51
P. Robert Mills, M.D.
DEPUTY MEDICAL EXAM.
WASH. CO., MD.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fairchild Aircraft Corp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 110 Bryan Place

3. NAME OF DECEASED (Type or Print): (First) Hershel (Middle) Charles (Last) Myers
4. DATE OF DEATH: (Month) 7 (Day) 6 (Year) 51
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 5-20-1903
9. AGE last birthday: 48 yrs. | If under 1 year: Months 1 Days 16 | If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supvr. Exper. Dept.
10b. KIND OF BUSINESS OR INDUSTRY: Fairchild
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Isiah Myers
14. MOTHER'S MAIDEN NAME: Anna Hastings
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-0.-7186
17. INFORMANT AND ADDRESS: Margaret Myers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — 10 minutes
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic heart disease — 18 months
61 (c) Coronary disease.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — 2 years

19a. DATE OF OPERATION None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) 0 | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 0 m. | INJURY OCCURRED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 30, 1949, to July 6, 1951, that I last saw the deceased alive on July 6, 1951, and that death occurred at 12:35 a.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) M.D. ADDRESS 1196 Antietam St Hagerstown, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF July 8, 1951 | NAME OF CEMETERY OR CREMATORY Rose Hill | LOCATION (City, town, or county) Hagerstown (State) Md.
DATE REC'D BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR Fred T. Kraiss ADDRESS

RECEIVED
JUL 11 1951
BUREAU Y.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A11

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 301

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. James Md. LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. James Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. James Md.
STREET ADDRESS (If rural, give location) St. James Md.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) H (Last) Neff
4. DATE OF DEATH (Month) July (Day) 22 (Year) 1951
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH June 27 1875
9. AGE last birthday 76 yrs. If under 1 year Months Days 24 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Live Sotck Dealer
10b. KIND OF BUSINESS OR INDUSTRY Rented Farm on Shares
11. BIRTHPLACE (State or foreign country) Scotland Pennslyvania
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Michael Neff
14. MOTHER'S MAIDEN NAME Liza Boughtner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS John W. Neff St. James Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) Coronary Recursion	2 Days
94a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
		(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/20/51, 19....., to 7/22/51, 19....., that I last saw the deceased alive on 7/22/51, 19....., and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Williamsport Md. DATE SIGNED 7/23/51

23. BURIAL, CREMATION (Specify) Burial
DATE THEREOF July 25 1951
NAME OF CEMETERY OR CREMATORY Broadfording Cemetery
LOCATION (City, town, or county) Broadfording (State) Md.
DATE REC'D BY LOCAL REG. July 24-51
REGISTRAR'S SIGNATURE E. Lee McElroy
24. FUNERAL DIRECTOR Edith V. Leaf ADDRESS Williamsport Md.

RECEIVED
JUL 26 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Funkstown
LENGTH OF STAY (In this place) 11 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. 3

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Funkstown
STREET ADDRESS (If rural, give location) R.F.D. 3

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Emma	Florence	ONeal	July 6 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Apr. 9, 1871	80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife	Own Home	Near Hagerstown Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Middlekauff	Eliza J. Horine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	----	Mrs. Ruth C. Greene R.F.D. 3

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arterio sclerotic cardio vascular disease	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) with myocardial failure	10 yr. +
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
None				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 15 June, 1951, to 6 July, 1951, that I last saw the deceased alive on 3 July, 1951, and that death occurred at 10:25p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

F F Lusby 2300 Potomac 7 July 51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 9, 1951	Luthern Cemetery	Boonesboro Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
July 7, 1951	Ernest W. Bowers	Scott F. Minnich & Son Hag. Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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JUL 10 1951
BUREAU V. ■

Item 4 Film 134 7/18/51 w.w.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wash Co Maryland MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) all her life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hosp Ltd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Smithsburg Md.
STREET ADDRESS (If rural, give location) none

3. NAME OF DECEASED (Type or Print) (First) Edith (Middle) Elizabeth (Last) Pettyplace (Pettyplace)
4. DATE OF DEATH (Month) 7 (Day) 13 (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Jan. 9. 1880
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping all her life
10b. KIND OF BUSINESS OR INDUSTRY House Keeping all her life
11. BIRTHPLACE (State or foreign country) Smithsburg Maryland
12. CITIZEN OF WHAT COUNTRY? Wash Co

13. FATHER'S NAME Henry Clay Sigler
14. MOTHER'S MAIDEN NAME Susan Bruner Smithsburg Md

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Charles Gardner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinomatosis (Generalized) — INTERVAL BETWEEN ONSET AND DEATH 3 wks

153X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

46 (c) Carcinoma of Sigmoid — 1 yr

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 7/12/51
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Sigmoid Liver & Intestines
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 5, 1951, to July 13 1951, that I last saw the deceased alive on July 13, 1951, and that death occurred at 6.80 A.M. from the causes and on the date stated above.

SIGNATURE G. A. Kohler (Degree or title) M.D. ADDRESS Smithsburg Md DATE SIGNED 7/14/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 15th of July 1951
NAME OF CEMETERY OR CREMATORY Smithsburg
LOCATION (City, town, or county) (State) Smithsburg Maryland

DATE REC'D BY LOCAL REG. July 18 1951
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Runge B. Hoover ADDRESS Smithsburg Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 18 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown Md.
LENGTH OF STAY (in this place) 2 mo 19 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Williamsport Md RFD #2
STREET ADDRESS (If rural, give location) Williamsport Md RFD #2

3. NAME OF DECEASED (Type or Print) (First) David (Middle) Robert (Last) Plotner
4. DATE OF DEATH (Month) July (Day) 8 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Boy
8. DATE OF BIRTH July 25 1943
9. AGE last birthday 7 yrs. If under 1 year Months 11 Days 19 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Child
10b. KIND OF BUSINESS OR INDUSTRY School
11. BIRTHPLACE (State or foreign country) Hagerstown Md RFD #2
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Vincent Plotner
14. MOTHER'S MAIDEN NAME Mary Eva Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Vincent Plotner Williamsport Md RFD #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

928.1 Immediate cause (a) Fractured skull

188 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home Farm
(CITY OR TOWN) R#2 Williamsport (COUNTY) Wash. (STATE) Md.
TIME OF INJURY (Month) Apr. (Day) 18 (Year) 1951 (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Knocked down by calf

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Wells MD (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD.
ADDRESS 115 N. Potomac St. Hagerstown, Md.
DATE SIGNED 7/9/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 10 1951
NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery
LOCATION (City, town, or county) Williamsport Md. (State)

DATE REC'D BY LOCAL REG. July 9, 1951
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Albert L. Leaf ADDRESS Williamsport Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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BUREAU V. S

121

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 303

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH — COUNTY: Washington — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clear Spring — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cumberland St

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clear Spring, Md.
STREET ADDRESS (If rural, give location): Cumberland St

3. NAME OF DECEASED (Type or Print): (First) Lutie (Middle) Estelle (Last) Powers

4. DATE OF DEATH: (Month) July (Day) 5, (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Feb. 1870

9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Duties

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Wash. Co., Md.

12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: John L. Powers

14. MOTHER'S MAIDEN NAME: Elizabeth Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Charles Saylor-Clear Spring, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	7/2/51-7/5/51
331X 83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio Sclerosis	for 5 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 2, 1951, to July 5, 1951, that I last saw the deceased alive on July 5, 1951, and that death occurred at 12.30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
David R Brewer M.D. — Clear Spring Md. — 7/5/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: July 8, 1951 — NAME OF CEMETERY OR CREMATORY: Lutheran Cemetery — LOCATION (City, town, or county) (State): Clear Spring, Md.

DATE REC'D BY LOCAL REG.: July 9 51 — REGISTRAR'S SIGNATURE: Joseph W. Murray — 24. FUNERAL DIRECTOR — ADDRESS: Adriance V. Rowland

VS-A15

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07460

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 428 Carrollton Avenue

3. NAME OF DECEASED (Type or Print): (First) Hattie (Middle) Marie (Last) Rager
4. DATE OF DEATH: (Month) July (Day) 28 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 2-23-1900
9. AGE last birthday: 51 yrs. If under 1 year: Months 5 Days 5 If under 24 hrs: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maid
10b. KIND OF BUSINESS OR INDUSTRY: Dagmar Hotel
11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frederick Feigley
14. MOTHER'S MAIDEN NAME: Liza Bucke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 219-20-1745
17. INFORMANT AND ADDRESS: Stella Nicely, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) [illegible] — 5 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) [illegible]
(c) [illegible]

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Franklin St. (CITY OR TOWN) Hagerstown (COUNTY) Wash. (STATE) Md.
TIME OF INJURY (Month) July (Day) 28 (Year) 1951 (Hour) 12:17 P.M. INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Walked into path of moving train

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) S. Robert Wells M.D. DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS 115 N. Patomac Hagerstown, Md. DATE SIGNED 7/30/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7-31-1951
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REG. July 31 1951
REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR ADDRESS C. M. Suter & Sons, Hagerstown, Maryland

VS. A15A

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BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. B02

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital	STREET ADDRESS (If rural, give location) 64 Elizabeth Street

3. NAME OF DECEASED (Type or Print)	(First) Roger	(Middle) Carl	(Last) Randall, Sr.	4. DATE OF DEATH	(Month) July (Day) 29 (Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 11-24, 1893	9. AGE last birthday 57 yrs.	If under 1 year Months 8 Days 8; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ice Maker	10b. KIND OF BUSINESS OR INDUSTRY T.S.Michael Co.	11. BIRTHPLACE (State or foreign country) Hagerstown, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME V. Worthington Randall		14. MOTHER'S MAIDEN NAME Susan Gossard			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 214-09-1002	17. INFORMANT AND ADDRESS Mrs. R. C. Randall, Hagerstown, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of Oesophagus	13 months
150X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
46a	(c) (Anemia, secondary to above)	3 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 9, 1950, to July 29, 1951, that I last saw the deceased alive on July 28, 1951, and that death occurred at 11 20/A m.; from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. J. Layman, M.D.		5 Public Square Hagerstown Md	July 30, 1951

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-1-1951	Rose Hill Cemetery	Hagerstown, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
July 31, 1951	[illegible]	C.M.Suter & Sons, Hagerstown, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 9 1951
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07462

Reg. Dist. No. 552

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hagerstown — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sharpsburg Pike
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hagerstown Rt. #3	STREET ADDRESS (If rural, give location) Hagerstown Rt. #3

3. NAME OF DECEASED (Type or Print)	(First) Lester	(Middle) John	(Last) Reel	4. DATE OF DEATH	(Month) July	(Day) 13	(Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 5-12-1888	9. AGE last birthday 63 yrs.	If under 1 year Months 2	Days 1	If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Owner	11. BIRTHPLACE (State or foreign country) Sharpsburg, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Thomas H. Reel	14. MOTHER'S MAIDEN NAME Mary C. Grice						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. #1	16. SOCIAL SECURITY NO. NONE	17. INFORMANT AND ADDRESS Fred. A. Reel, R. F. D. #3					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:—

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardio-Vascular-Renal disease	5 yrs.
442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	5 yrs +
121a	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Varicose veins & phlebitis of rt leg. — 10 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 1945, 19....., to 7/13, 1951, that I last saw the deceased alive on 7/13, 1951, and that death occurred at 10 P.M. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Walter H. Shealy	M.D.	[illegible]	7/14/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 7-19-1951	NAME OF CEMETERY OR CREMATORY Mountain View	LOCATION (City, town, or county) (State) Sharpsburg, Maryland
DATE REC'D BY LOCAL REG. [illegible] 16 1951	REGISTRAR'S SIGNATURE [illegible]	24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Maryland	ADDRESS

RECEIVED
JUL 18 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07463

CERTIFICATE OF DEATH

Reg. Dist. No. 506

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cascade — LENGTH OF STAY (in this place): 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Ritchie Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hillside
STREET ADDRESS (If rural, give location): 1300 52nd Ave.

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) Leo (Last) Reh, Sr.
4. DATE OF DEATH: (Month) July (Day) 5 (Year) 1951
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: June 19, 1894
9. AGE last birthday: 57 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter — self
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Fred Rue of William Reh
14. MOTHER'S MAIDEN NAME: Julia Frances Knight
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): unk
16. SOCIAL SECURITY No.: unk.
17. INFORMANT AND ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

181X Immediate cause (a) Transitional Cell Carcinoma of bladder c̄ Metastasis — 2 yrs.

52 b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jun 1950
19b. MAJOR FINDINGS OF OPERATION: Transitional Cell Carcinoma of Bladder
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1, 1951, to July 5, 1951, that I last saw the deceased alive on July 5, 1951, and that death occurred at 10:50 am m., from the causes and on the date stated above.

SIGNATURE: Daniel Lai (Degree or title) M.D. — ADDRESS: Ritchie Hospital, Cascade, Md. — DATE SIGNED: 7/5/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 7-9-51 — NAME OF CEMETERY OR CREMATORY: Wash Nat'l Cemetery — LOCATION (City, town, or county) (State): Prince George County
DATE REC'D BY LOCAL REG.: 7/5/51 — REGISTRAR'S SIGNATURE: John R Cochran Dep Local Registrar — 24. FUNERAL DIRECTOR: H. K. Chambers Co — ADDRESS: 517 11th St. S.E.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VSJA15

RECEIVED
JUL 10 1951
BUREAU V. ■

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Dr. Ditto 07464

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1. PLACE OF DEATH: COUNTY Washington; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) 20 Elizabeth St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARY	ANN	RICE	July	13	19 51

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Divorced	Sept. 12, 1906	44 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Waitress	Restaurant	Williamsport, Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert Hull	Edith Higgins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	----	220-10-3199	Mrs Edith Tice Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Uteri — Interval Between Onset and Death: 15 mos

174X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last — (b)

48b (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7-1-, 1951, to 7-13-, 1951, that I last saw the deceased alive on 7-12-51, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. W. Ditto Jr.	M.D.	Hagerstown	7/13/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/16/51	St. Paul's Cemetery	Near Clearspring Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 14, 1951	Mrs. Howard	Andrew K. Coffman	Hagerstown Md.

RECEIVED
JUL 18 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH Dr Earl Young

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place) 1 Week; HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) 143 So. Mulberry St.

3. NAME OF DECEASED (Type or Print): (First) HELENA (Middle) MARIA (Last) RICKARD

4. DATE OF DEATH (Month) (Day) (Year): July 26 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Mar 12 1893

9. AGE last birthday: 58 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Ireland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Michael Walsh

14. MOTHER'S MAIDEN NAME: Ellen Powers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): --

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Max W. Rickard

18. MEDICAL CERTIFICATION — 143 So. Mulberry Hagerstown Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Status Asthmaticus — Interval Between Onset and Death: 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Insufficiency — 4 days

420 / 140

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5.1.51, 19..., to 7.26, 1951, that I last saw the deceased alive on 7/26, 1951, and that death occurred at 7.45 A m., from the causes and on the date stated above.

SIGNATURE Earl Young MD (Degree or title) ADDRESS Hagerstown, Md. DATE SIGNED 7/27/51

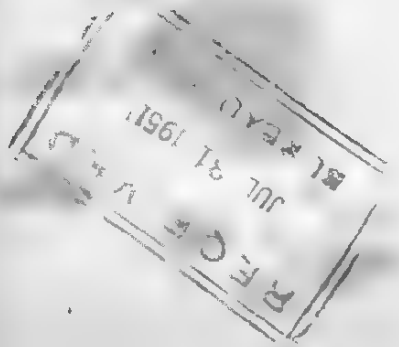
23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 7 30 51 | NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery | LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REG. July 29.1951 | REGISTRAR'S SIGNATURE Dwight Bowers | 24. FUNERAL DIRECTOR ADDRESS: Andrew K. Coffman Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15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JUL 21 1951
BUREAU

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply [redacted]ry item of information [redacted]refully. The correct age is [redacted]pecially import[redacted]t. Physicians: pl[redacted] write the [redacted]uses of death clearly and legi[redacted]ly.

VS-415

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07466

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH COUNTY: Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown — LENGTH OF STAY (in this place): 55 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 453 N. Jonathans Street.	STREET ADDRESS (If rural, give location): 453 N. Jonathan Street.

3. NAME OF DECEASED (Type or Print)	(First) Hattie	(Middle) Harriet	(Last) Robinson	4. DATE OF DEATH	(Month) July	(Day) 28	(Year) 51
5. SEX: Female	6. COLOR OR RACE: Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: 3-15-1878	9. AGE last birthday: 73 yrs.	If under 1 year: Months	Days	If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Own home	11. BIRTHPLACE (State or foreign country): Burkittsville, Maryland	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME: Unknown	14. MOTHER'S MAIDEN NAME: Unknown						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)	16. SOCIAL SECURITY No.: none	17. INFORMANT AND ADDRESS: Alfred V. Robinson, 453 N Jonathan St Hagerstown Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chr. Myocarditis.	6 yrs.
4222 Antecedent cause(s)		
Bd Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 17, 1951, to July 28, 1951, that I last saw the deceased alive on July 28, 1951, and that death occurred at 9 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Robert P. Conrad, M.D	Hagerstown, Md	7-30-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 7-31-1951	NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery	LOCATION (City, town, or county) (State): Hagerstown Maryland
DATE REC'D BY LOCAL REG.: July 31, 1951	REGISTRAR'S SIGNATURE: [illegible]	24. FUNERAL DIRECTOR: John R Watson Jr.	ADDRESS: 24 W Bethel St Hagerstown Md.

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BUR[illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11461

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cor... is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY shington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 8 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 352 So. Locust St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY "ashington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 352 So Locust St.

3. NAME OF DECEASED (Type or Print): (First) GRACE (Middle) CORBIN (Last) ROHRBACK

4. DATE OF DEATH: (Month) July (Day) 10 (Year) 1951

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan 20 1907

9. AGE last birthday: 44 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waitress Restaurant

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Romney Hampshire Co W. Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Corbin

14. MOTHER'S MAIDEN NAME: Hattie Simmons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ---

16. SOCIAL SECURITY NO. 300-14-4222

17. INFORMANT AND ADDRESS: Mrs Louise Young

18. MEDICAL CERTIFICATION — 352 So Looust St. Hagerstown Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a)

197X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myxosarcoma of thigh (rt) — 3½ yrs

55 lb (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6-10-48

19b. MAJOR FINDINGS OF OPERATION: Biopsy - tumor thigh (rt)

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): 0

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): 0 m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? Out of Town

Died - While - family Physician was

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. — ADDRESS 115 N. Potomac St. Hagerstown, Md. — DATE SIGNED 7/11/51

S/ Robert Wells M.D.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 7-12-51

NAME OF CEMETERY OR CREMATORY: Ebenezer Cemetery

LOCATION (City, town, or county) (State): Romney Hampshire Co W. Va

DATE RECD BY LOCAL REG.: July 11 1951

REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR AND ADDRESS: Andrew K. Coffman Hagerstown Md

7-11-51

VS. A15

RECEIVED
JUL 13 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07468

CERTIFICATE OF DEATH

Reg. Dist. No. 306

Wash. Co.

1. PLACE OF DEATH: COUNTY CASCADE MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place) 7 weeks.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. CARROLL COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MANCHESTER, Md.

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Irene (Middle) Louise (Last) ROSE.

4. DATE OF DEATH (Month) July (Day) 13 (Year) 1951

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH Sept 6, 1862

9. AGE last birthday 88 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) BALTO CITY, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME GEORG RUMNEY —

14. MOTHER'S MAIDEN NAME ELIZA RUMNEY.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Hospital RECORD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chron. Myocarditis. Bronchopneumonia bilat. 2 years.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis. Hypertrophic

(c) Arthritis. Traumatic Arthritis left hip. Senilis.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 18, 1951, to July 13, 1951, that I last saw the deceased alive on July 13, 1951, and that death occurred at 11 15 A m., from the causes and on the date stated above.

SIGNATURE Paul Puy. (Degree or title) M.D. ADDRESS Ritchie State Hospital. DATE SIGNED July 13, 1951.

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL

DATE THEREOF JULY 16, 1951

NAME OF CEMETERY OR CREMATORY ST. JOHNS CEMETERY

LOCATION (City, town, or county) (State) WESTMINSTER, MD.

DATE REC'D BY LOCAL REG. 7/13/51

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR JOHN R. BYERS ADDRESS WESTMINSTER, MD.

Dep. Local Registrar

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL. 17 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 307

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Washington; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harpers Ferry, W.Va.; LENGTH OF STAY (In this place) 1 yr.; HOSPITAL OR INSTITUTION OR STREET ADDRESS POTOMAC RIVER

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE West Va. COUNTY Jefferson; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harpers Ferry; STREET ADDRESS (If rural, give location) Shenandoah Street

3. NAME OF DECEASED (Type or Print): (First) CARL (Middle) HENRY (Last) RUGEMER

4. DATE OF DEATH: (Month) July (Day) 28 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]

8. DATE OF BIRTH: Aug. 27, 1907

9. AGE last birthday: 43 yrs. If under 1 year: Months 11, Days 1; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY NO. (If yes, give war or dates of service): 212-13-0773

17. INFORMANT: Mrs. Mae Rugemer, R.F.D. 1, Mt. Airey, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia by drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY River (CITY OR TOWN) Harpers Ferry (COUNTY) Jefferson (STATE) W.Va.

TIME OF INJURY (Month) (Day) (Year) (Hour) 7 27 51 11:30 P.M.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Fell off Bridge into Potomac River

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE: E. Robert Wells M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD.

ADDRESS: Hagerstown, Md

DATE SIGNED: 7.28.51

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial

DATE THEREOF: 7/31/51

NAME OF CEMETERY OR CREMATORY: Fairview Cemetery

LOCATION (City, town, or county) (State): Bolivar, West Va.

DATE REC'D BY LOCAL REG. 7/30/51

REGISTRAR'S SIGNATURE: Cornelius H. Castle, Deputy

24. FUNERAL DIRECTOR: Melvin T. Strider

ADDRESS: [illegible]

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AUG 2 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-115

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 437 Mechanic Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 437 Mechanic

3. NAME OF DECEASED (Type or Print) (First) Susan (Middle) Eva (Last) Slick
4. DATE OF DEATH (Month) 7 (Day) 24 (Year) 1951

5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 10-3-1870
9. AGE last birthday 80 yrs. If under 1 year Months 9 Days 21 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY home duties
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Robert M. Sanders
14. MOTHER'S MAIDEN NAME Anna Betz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Mrs. Eva Brewer, 711 W. Church St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	24 hrs
4.0.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Perinephritic abscess	3 mo
73d	(c) Hypertensive Cardio vascular disease	5 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 8, 1951, to July 24, 1951, that I last saw the deceased alive on July 23, 1951, and that death occurred at 11 A m. from the causes and on the date stated above.

SIGNATURE Ernest F. Poole (Degree or title) M.D. ADDRESS Hagerstown Md. DATE SIGNED 7/25/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-27-51
NAME OF CEMETERY OR CREMATORY Rose Hill
LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REG. 7-27-51
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Fred W. Kraiss ADDRESS Hagerstown, Md.

JUL 30 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 306

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Washington — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cascade
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Ritchie State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown Rt 5
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Clyde (Middle) Beauford (Last) Smith
4. DATE OF DEATH: (Month) July (Day) 4 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 3 1923
9. AGE last birthday: 28 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook
10b. KIND OF BUSINESS OR INDUSTRY: Sta Hospital
11. BIRTHPLACE (State or foreign country): Frederick County, Md
12. CITIZEN OF WHAT COUNTRY: USA
13. FATHER'S NAME: Alvey Smith
14. MOTHER'S MAIDEN NAME: Grace Wolf
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW II 1943-Dec 45
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Wife, Judie Smith, Hagerstown Rt 5

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Renal insufficiency — Interval Between Onset and Death: 2 yrs + ?

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

757.1 / 133b

(b) Undiagnosed disease of kidneys

(c) Probably polycystic kidneys

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: (removal of kidneys only)
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1951, 1948, to July 4, 1951, that I last saw the deceased alive on July 4, 1951, and that death occurred at 1:55 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Thomas M. Arrington, M.D. — ADDRESS: Ritchie State Hospital — DATE SIGNED: July 4 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 7/7/51 — NAME OF CEMETERY OR CREMATORY: Harbaugh's Cem. — LOCATION (City, town, or county) (State): Near Ringold Md

DATE REC'D BY LOCAL REG.: 7/4/51 — REGISTRAR'S SIGNATURE: John F Cochran Deputy Registrar — 24. FUNERAL DIRECTOR: Andrew K. Coffman — ADDRESS: Hagerstown, Md.

15-A15

RECEIVED
JUL 9 1951
DEPARTMENT OF

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-415

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1306

Reg. Dist. No. 20

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Cascade
LENGTH OF STAY (in this place): 2 yrs. 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Ritchie Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Galesville
STREET ADDRESS (If rural, give location): RFD #

3. NAME OF DECEASED (Type or Print) (First) Carrie (Middle) Louisa (Last) Tasker
4. DATE OF DEATH (Month) July (Day) 8 (Year) 1951
5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 30, 1901
9. AGE last birthday: 50 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unknown
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Geo. Downs
14. MOTHER'S MAIDEN NAME: Serena Brent
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): unk.
16. SOCIAL SECURITY NO.: unk.
17. INFORMANT AND ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

355X Immediate cause (a) Huntington's Chorea — 9 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

87e (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ~~Aug.~~ June 8, 1949, to July 8, 1951, that I last saw the deceased alive on July 8, 1951, and that death occurred at 8:20 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Daniel Lai, M.D. — ADDRESS: Ritchie Hospital, Cascade, Md. — DATE SIGNED: 7/8/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: July 11, 1951 — NAME OF CEMETERY OR CREMATORY: Chews Chapel — LOCATION (City, town, or county): Baltimore Md. (State)

DATE REC'D BY LOCAL REG.: 7/11/51 — REGISTRAR'S SIGNATURE: T. H. Clayton, Dep. Asst. George W. Ferguson

24. FUNERAL DIRECTOR: T. A. Hardesty & Son, Galesville, Md. — ADDRESS:

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JUL 12 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07473

CERTIFICATE OF DEATH

Reg. Dist. No. 306

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Blue Ridge Summit; LENGTH OF STAY (In this place) 2 months; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Va.; COUNTY Norfolk; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Norfolk; STREET ADDRESS (If rural, give location) 619 Stockley Gardens

3. NAME OF DECEASED (Type or Print): (First) Miss Bland (Middle) Selden (Last) Taylor

4. DATE OF DEATH: (Month) July (Day) 20 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S.

8. DATE OF BIRTH: April 1868

9. AGE last birthday: 83 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housedutris

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Norfolk Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Walter H. Taylor

14. MOTHER'S MAIDEN NAME: Elizabeth Selden Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mr. Lee Taylor, Baltimore Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac Dilation

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

932 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic myocarditis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-15, 1951, to 7-20, 1951, that I last saw the deceased alive on 7-20, 1951, and that death occurred at 6:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M.D. Blue Ridge Summit Pa. 7-23-51

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial

DATE THEREOF: 7/23/51

NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery

LOCATION (City, town, or county) (State): Norfolk Va.

DATE REC'D BY LOCAL REG. July 21-51

REGISTRAR'S SIGNATURE: Geo. W Ferguson

24. FUNERAL DIRECTOR ADDRESS: Walter Y. Grove, Waynesboro Pa.

RECEIVED
JUL 24 1951
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 352

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Md.
LENGTH OF STAY (in this place) 2 mo. 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md.
STREET ADDRESS (If rural, give location) 135 N Artisan Street

3. NAME OF DECEASED (Type or Print) (First) Mrs. (Middle) Naomi Ann Orinda (Last) Harsh Taylor
4. DATE OF DEATH (Month) July (Day) 4 (Year) 1951
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH Dec. 5 1903
9. AGE last birthday 47 yrs. If under 1 year Months 6 Days 29 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elementary School Principal
10b. KIND OF BUSINESS OR INDUSTRY Public School
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Charles Harsh
14. MOTHER'S MAIDEN NAME Katherine Mosser
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war, or dates of service) No
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Williamsport Md. Charles Harsh 116 Conococheague St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Metastatic Carcinoma of Abdomen — Interval Between Onset and Death: 3 mos

151X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of stomach. — 3 mos

46b (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION April 21, 51
19b. MAJOR FINDINGS OF OPERATION Carcinoma involving greater Curvature of stomach
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 10, 1951, to July 4, 1951, that I last saw the deceased alive on July 4, 1951, and that death occurred at 1 45 P.m., from the causes and on the date stated above.

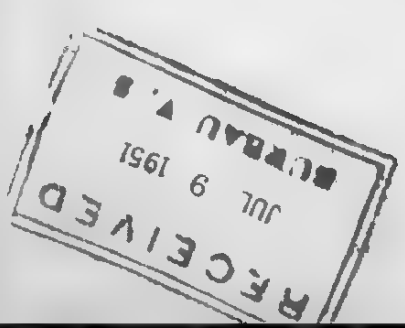
SIGNATURE [signature] (Degree or title) M.D. ADDRESS Williamsport Md DATE SIGNED July 5, 51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 6 1951
NAME OF CEMETERY OR CREMATORY Riverview Cemetery
LOCATION (City, town, or county) Williajsport Md. (State)
DATE REC'D BY LOCAL REG. July 5. 1951
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Albert L. Leaf Williamsport Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15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CUBAN V.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Wash. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 9 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) Wash. Co. Home

3. NAME OF DECEASED (Type or Print) (First) James (Middle) H. (Last) TOYLER
4. DATE OF DEATH (Month) July (Day) 13 (Year) 1951
5. SEX Male
6. COLOR OR RACE Black
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH July 13-1868
9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME James H Toyler
14. MOTHER'S MAIDEN NAME Mary Hopewell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Fred Long Wash. Co. Home

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive arteriosclerotic

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular disease

443X 13d (c) None.

INTERVAL BETWEEN ONSET AND DEATH: Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 25, 1951, to July 13 1951, that I last saw the deceased alive on July 10, 1951, and that death occurred at 3:00 a.m., from the causes and on the date stated above.

SIGNATURE Archie Robert Cohen (Degree or title) M.D. ADDRESS Clear Spring Md. DATE SIGNED July 13-1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 14-1951
NAME OF CEMETERY OR CREMATORY Wash. Co Home
LOCATION (City, town, or county) (State) Hag. Md

DATE REC'D BY LOCAL REG. July 14 1951
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Scott F Minnich & Son ADDRESS Hagma

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JUL 18 1951
BUREAU V. S.

Item 8 FilmG135 8/6/51 w.w.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 60

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lagerstown Md. LENGTH OF STAY (in this place) 1 hr.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital	STREET ADDRESS (If rural, give location) 30 N Vermont Street

3. NAME OF DECEASED (Type or Print) (First) Russel (Middle) McClellan (Last) Turner			4. DATE OF DEATH (Month) July (Day) 30 (Year) 1951		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH March 2 1905	9. AGE last birthday 46 yrs.	If under 1 year Months 4 Days 23 / If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman Master Machanic	10b. KIND OF BUSINESS OR INDUSTRY Tannery		11. BIRTHPLACE (State or foreign country) Williamsport Md.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Preston Turner			14. MOTHER'S MAIDEN NAME Myrtle Wolford		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No	16. SOCIAL SECURITY No. 215-09 7423		17. INFORMANT AND ADDRESS 30 N Vermont St. Mrs. Tereasa Turner Williamsport Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Infarction	10 min
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial Insufficiency	
94a	(c) Due to Coronary Insufficiency	4 no

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 7/1, 1949, to 7/27, 1951, that I last saw the deceased alive on 7/27, 1951, and that death occurred at 10:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Earl Young MD ADDRESS Lagerstown Md DATE SIGNED 8/1/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Aug. 3 1951	NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery	LOCATION (City, town, or county) Williamsport Md. (State)
DATE REC'D BY LOCAL REG. Aug. 1, 1951	REGISTRAR'S SIGNATURE [illegible]	24. FUNERAL DIRECTOR Albert L. Leaf Williamsport Md.	ADDRESS

544 487

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 3 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown (Rural)
STREET ADDRESS (If rural, give location) R. F. D. #2

3. NAME OF DECEASED (Type or Print) (First) John (Middle) William (Last) Unger
4. DATE OF DEATH (Month) July (Day) 14 (Year) 1951
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 11/24/1944
9. AGE last birthday 6 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Schoal
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY U. S.
13. FATHER'S NAME John F. Unger
14. MOTHER'S MAIDEN NAME Ethel Rohrer - Hagerstown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Mr. John Unger Rt #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) [illegible] and [illegible]	82 hrs.
916.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
181	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
near Huyetts Cross Roads (CITY OR TOWN) (COUNTY) Wash. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 7-10-51 3 P. m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Severly burned when gasoline ignited with which he and cousin were playing.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Wells MD (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS 115 N. Potomac St. Hagerstown, Md. DATE SIGNED July 14 '51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/16/51
NAME OF CEMETERY OR CREMATORY St. Paul Cemetery
LOCATION (City, town, or county) Wash. Co. (State) Md.
DATE REC'D BY LOCAL REG. July 15, 1951
REGISTRAR'S SIGNATURE Chas. F. Bowers
24. FUNERAL DIRECTOR W. T. Norment - Hagerstown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 17 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: WASHINGTON; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: JERICO FARM (RURAL)
LENGTH OF STAY (in this place): 7 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: BOONSBORO MD. R.1.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MARYLAND; COUNTY: WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: JERICO FARM - RURAL
STREET ADDRESS (If rural, give location): BOONSBORO MD. R. 1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
GEORGE	ROCHESTER	WILSON	JULY - 29 - 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	SINGLE	APRIL - 26 - 1874	77-3-3 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ASSISTANT TO TREASURER OF	PENN. R.R. Co. (RETIRED)	BOONSBORO WASH. Co. MD.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
DR. HENRY BEATTY WILSON	ELLEN KENNEDY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
NO	NONE	DR. HARRY WILSON - No. 3 - W. BIDDLE ST. BALTIMORE MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Coronary Occlusion	Sudden
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Generalized Arterio Sclerosis	3 Mos.
41 X 92	(c)	Mitral Insufficiency	3 Mos.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 4/29/51, 19..., to 7/29/51, 19..., that I last saw the deceased alive on 7/29/51, 19..., and that death occurred at 3.45 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Hubert Rader	M. D.	Boonsboro, Md.	7/30/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	AUGUST - 1 - 1951	BOONSBORO CEMETERY	BOONSBORO WASH. Co. MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 31, 1951	Nan H. Bair	WM. E. BAST AND SONS	BOONSBORO MD.

VSA 15

RECEIVED
AUG 2 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 4 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 913 Summit Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE md. COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 913 Summit Ave.

3. NAME OF DECEASED (Type or Print) (First) Emma. (Middle) Anne (Last) Wissinger
4. DATE OF DEATH (Month) 7 (Day) 25 (Year) 1951

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH 4-30-1866
9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Pleasant Valley, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Silas Brunner
14. MOTHER'S MAIDEN NAME Nancy Swope

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. - -
17. INFORMANT AND ADDRESS Mrs. Florence Long, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Liver — INTERVAL BETWEEN ONSET AND DEATH 1 yr.

155x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Primary Carcinoma of Liver

46+ (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

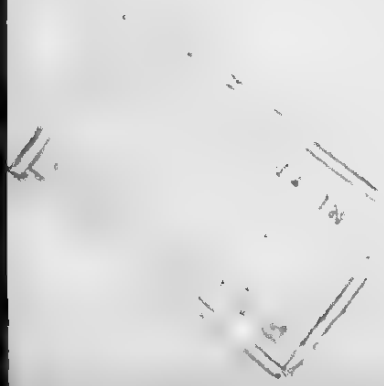
21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 18 1951 to July 25 1951, 19....., that I last saw the deceased alive on July 25 1951, and that death occurred at 4:15 p.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) J. H. Beachley M.D. ADDRESS Hagerstown, Md. DATE SIGNED July 25 1951

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE THEREOF 7-28-51
NAME OF CEMETERY OR CREMATORY Smithsburg Cemetery
LOCATION (City, town, or county) (State) Smithsburg, Md.

DATE REC'D BY LOCAL REG. July 28.51
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR ADDRESS Scott F. Minnich & Son, Hagerstown



Dr. Hirshman

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash.Co. Hospital	STREET ADDRESS (If rural, give location) 14 Snyder Ave.

3. NAME OF DECEASED (Type or Print)	(First) LENA	(Middle) HARRIET	(Last) WOLF	4. DATE OF DEATH	(Month) July (Day) 12 (Year) 1951
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan.2,1918	9. AGE last birthday 33 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector	10b. KIND OF BUSINESS OR INDUSTRY Aircraft Co.	11. BIRTHPLACE (State or foreign country) Martinsburg, W. Va.	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Harlem Greenfield	14. MOTHER'S MAIDEN NAME Bessie Leonard				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ----	16. SOCIAL SECURITY NO. 220-16-2893	17. INFORMANT AND ADDRESS Rodney E. Wolf, 14 Snyder Ave. Hagerstown Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	5 wks.
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	2 yrs.
83a	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 8th, 1951, to July 12, 1951, that I last saw the deceased alive on July 12, 1951, and that death occurred at 2:45 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Philip J. Hirshman MD		Hagerstown Md	7/13/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/14/51	Presbyterian Cemetery	Near Martinsburg W. Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 14, 1951	[illegible]	Andrew K. Coffman	Hagerstown, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-3

RECEIVED
JUL 18 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 301

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Washington — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Williamsport
LENGTH OF STAY (in this place): 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Williamsport Conv. Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 55 East Avenue

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) William (Last) Wolfersberger

4. DATE OF DEATH: (Month) July (Day) 27 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11-19-1866

9. AGE last birthday: 84 yrs. — If under 1 year: Months 8, Days 8, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Musician

10b. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (State or foreign country): Columbia City, Indiana

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Henry W. Wolfersberger

14. MOTHER'S MAIDEN NAME: Ellen _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: Mrs. C. W. Wolfersberger, Hagerstown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Inanition	10 days
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of naso Pharynx	18 mo.
	(c)	

146 X
40 +

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from July 20, 1951, to July 27, 1951, that I last saw the deceased alive on July 27, 1951, and that death occurred at 10:50 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Floyd A. Hoffman — ADDRESS: — DATE SIGNED: July 30-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — **DATE THEREOF**: 7-30-1951 — **NAME OF CEMETERY OR CREMATORY**: Green Hill Cemetery — **LOCATION** (City, town, or county) (State): Waynesboro, Pa.

DATE REC'D BY LOCAL REG.: July 30, 1951 — **REGISTRAR'S SIGNATURE**: E Lee McElroy

24. FUNERAL DIRECTOR — **ADDRESS**: C. M. Suter & Sons, Hagerstown, Md.

RECEIVED
AUG 3 1
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07482

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 8 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 40 Alexander Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 40 Alexander

3. NAME OF DECEASED (Type or Print) (First) Frank (Middle) W. (Last) Wollard
4. DATE OF DEATH (Month) July (Day) 2 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH 1-8-1873
9. AGE last birthday 78 yrs. If under 1 year Months 5 Days 24 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Lumber Mill
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Wollard
14. MOTHER'S MAIDEN NAME Susan Wolf

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 216-14-5131
17. INFORMANT AND ADDRESS Maurice Wollard, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterio sclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 6 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

420.0 92d.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

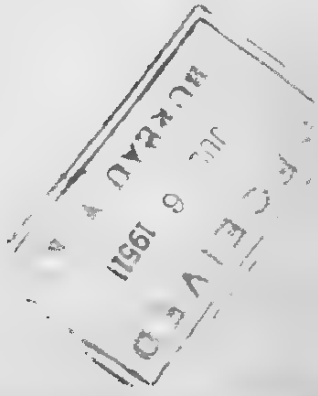
22. I hereby certify that I attended the deceased from 6-1-, 1951, to 7-2-, 1951, that I last saw the deceased alive on 7-1-51, 19....., and that death occurred at 2 A.M. m., from the causes and on the date stated above.

SIGNATURE A. W. Cutty (Degree or title) ADDRESS Hagerstown Md. DATE SIGNED 7/2/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-4-1951
NAME OF CEMETERY OR CREMATORY Blue Mountain Cemetery
LOCATION (City, town, or county) (State) Thurmont, Maryland

DATE REC'D BY LOCAL REG. Aug 3 1951
REGISTRAR'S SIGNATURE Frank Bowers
24. FUNERAL DIRECTOR C.M.Suter & Sons, Hagerstown, Md. ADDRESS

Dr. Ditto



Items 3,8,9,10,11,13,14,17 FilmG135 8/6/51 w.w.

MARYLAND STATE DEPARTMENT OF HEALTH

07483

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 10 Hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Alexandria
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Alexandria
STREET ADDRESS (If rural, give location) 310 East Bellefonte St

3. NAME OF DECEASED (Type or Print) Melvin (First) Joseph (Middle) (Last) Wright

4. DATE OF DEATH (Month) July (Day) 23 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 10-10-1927
9. AGE last birthday 23 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Painter
10b. KIND OF BUSINESS OR INDUSTRY Auto Repair Shop
11. BIRTHPLACE (State or foreign country) Charlottesville, Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James M. Wright
14. MOTHER'S MAIDEN NAME Girdie Walters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.2 Navy
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Rebecca Wright - same as above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 3rd degree burns to upper + lower extremities
835.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)
170 c (c) 3rd degree burns to torso

INTERVAL BETWEEN ONSET AND DEATH 13 hrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Speedway
R.F.D. (CITY OR TOWN) Hagerstown (COUNTY) Wash. (STATE) Md.
TIME OF INJURY (Month) July (Day) 22 (Year) 1951 (Hour) 4 P.m.
INJURY OCCURRED While at work ☑ Not while at work ☐
HOW DID INJURY OCCUR? Speed Car in which he was riding was jammed and gasoline tank exploded

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE S. Robert Wells MD. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS 115 N. Potomac Hagerstown, Md. DATE SIGNED July 23 '51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-25-51
NAME OF CEMETERY OR CREMATORY Arlington Natl Cemetery
LOCATION (City, town, or county) Arlington Va (State)
DATE REC'D BY LOCAL REG. 7-30-51
REGISTRAR'S SIGNATURE C H Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown Md.

670.816

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

T

07484

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro — LENGTH OF STAY (in this place) 2 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Middletown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Guilford Nursing Home	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First) Hattie	(Middle) E.	(Last) Younkins	4. DATE OF DEATH	(Month) 7	(Day) 7	(Year) 1951
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single	8. DATE OF BIRTH 3/28/1877	9. AGE last birthday 74 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Middletown, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.				
13. FATHER'S NAME Martin Younkins	14. MOTHER'S MAIDEN NAME Caroline Koogle						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT Arba W. Younkins, Middletown, Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Myocarditis,	5 yr
422.2 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office hldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 6, 1951, to July 7, 1951, that I last saw the deceased alive on July 6, 1951, and that death occurred at 3 A m. from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
G W Lilton	M.D.	Boonsboro	7/7/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 7/9/1951	NAME OF CEMETERY OR CREMATORY Reformed Cemetery	LOCATION (City, town, or county) (State) Middletown, Md.
DATE REC'D BY LOCAL REG. July 7, 1951	REGISTRAR'S SIGNATURE John H. Bast	24. FUNERAL DIRECTOR Gladhill Co., Middletown, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 T

RECEIVED
JUL 10 1951
BUREAU V. S.